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# WESTERN LANCET,

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## MEDICAL AND SURGICAL SCIENCE.

EDITED BY

LEONIDAS M. LAWSON, M.D.,

LECTURER ON PHYSIOLOGY.

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VOL. I.

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CINCINNATI:

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Vol. I.

CHICAGO, ILL.

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ORIGINAL COMMUNICATIONS.

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ART. I.—*Hospital Cases, with Reflections.*—By JOHN P. HARRISON, M. D., Professor in the Medical College of Ohio.

THE great value of Hospital Reports is felt by every enlightened practitioner of medicine. The Commercial Hospital of Cincinnati affords many and great advantages to the student whose mind is ardently engaged in the prosecution of medical knowledge. The number of persons received into its three departments, medical, surgical, and obstetrical, together with the admissions of the insane before they are sent off to Columbus, to the State Lunatic Asylum, numbers annually about fifteen hundred. Besides the poor of the city, and of some of the adjoining townships, the house receives, upon an arrangement with the general government, the boatmen employed in the navigation of the Ohio and other western waters, when they require the medical care of the Hospital.

The Faculty of the Medical College of Ohio, have, by special provisions of the law of the state of Ohio, exclusive control of the Hospital, in all its medical arrangements. The Professors of the Theory and Practice of medicine, and of Surgery, attend during the four months of the college session, and deliver clinical lectures to the students who take the hospital ticket.

The eight remaining months of the year are divided between the other professors of the school. During September and Oc-

tober the reporter of the following cases had charge of the medical wards, and from the many cases which came under his care, he selects those found in this report as the most likely to interest the readers of the LANCET.

#### CASE I.—FEBRILE APOPLEXY.

*Sept. 20th.* Charles Russel, thirty-two years old, came into the house affected with bilious fever. Patient has been sick three days, and whilst on the steamboat, coming up the Ohio, he took purgative medicine. His pulse is full, skin hot and dry, tongue furred, bowels free, and does not complain of pain in the head or abdomen.

Spirit mindererus and tart. antimon. were given to induce perspiration.

*21st.* Took calomel, gr. iv. and ipecac gr. ii. every three hours. These powders produced slight vomiting several times through the day. A dose of oil towards night evacuated the intestinal canal thoroughly, bringing away copious feculent discharges of a natural bilious aspect.

*22d.* No alvine evacuations. Symptoms of febrile excitement have abated. Spirit mindererus and tart. antimon. given through the day, and oil at night.

*23d.* Better, and feels able to enter into conversation with some of the other patients in the ward, and to dictate a letter to his friends at a distance. These efforts augmented the febrile excitement, and suddenly there came on a severe pain on the middle portion of the right parietal bone. The pain increased in severity for half an hour, when he was seized with a decided apoplectic insensibility, accompanied by stertorous breathing, convulsive agitation, and alternate relaxation and rigidity of the upper and lower extremities, and in an especial degree of the arms. He was bled copiously, but soon died.

#### SECTIO CADAVERIS.

Sixteen hours after death, the body was examined. *Head.* Four ounces of coagulated blood were found in a large rupture of the brain, directly under the spot where the pain had been. The effused blood could not be traced to the rupture of any artery; it occupied the middle portion of the cerebrum, cov-

ering in its extent the corpora striata and optic beds. There was evident vascular turgescence in the substance of the cerebrum in the neighborhood of the lesion. There was no other morbid appearance about the encephalon.

*Thorax.*—Heart, slightly hypertrophied in the left ventricle.

*Abdomen.*—On the pyloric region of the gastric mucous membrane there was a decided abnormal vascularity. The jejunum and ileum bore marks of a loaded state of the vessels, but whether inflammation had existed, or this was a mere hypostatic appearance, could not be decided.

In commenting on the above case to the medical students in attendance, some suggestions were made in reference to the modes in which extravasation of blood took place, either in the substance, at the base, or on the surface of the brain. In this case, it was clear that a raptus, or sudden flow of blood, with consequent yielding of the brain, and a large collection of blood, occurred. We have seen similar extravasated collections of blood in the brain, on the surface, or just beneath, and near the middle portion, but never to such an extent, without rupture of a vessel.

CASE II.—FRACTURE OF THE OS FRONTIS, WITH SOFTENING OF THE ANTERIOR LOBES OF THE BRAIN.

*Sept. 20th.* John Heilman, thirty-four years of age, was admitted to-day, in consequence of an injury of the head, received four days ago by falling down into a lime kiln to the depth of twenty feet. The scalp over the frontal bone is lacerated, but there is no evidence of any serious affection of the brain: There is slight delirium, with a full and compressible pulse, tongue coated, with a capacity on the part of the patient to answer questions in a rational manner. A dose of sulphate of magnesia was given.

*21st.* Has frequent, muddy colored discharges from the bowels; pulse oppressed and easily compressed. Epigastrium sore; slight wandering of mind—still rational when spoken to; and speaks in German without difficulty in answer to the questions put to him. Calomel gr. iii.; pulv. dov. gr. iii. every two hours were ordered. Blister to the abdomen.



22d. Decided dysenteric symptoms present. Is affected with coma, and mutters incessantly, but is rational when roused by being addressed in the German language. Is able to get up to the close stool. Head was blistered.

23d. Dysentery worse. Calomel gr. iv.; camphor gr. ss. given every three hours. Possesses more consciousness; muttering delirium has left him.

24th. Tormina and tenesmus augmented. Starch and laudanum enemata ordered. Calomel and camphor continued. Pulse low and weak; patient much prostrated—but still rational and able to talk.

25th. Dysentery aggravated; treatment continued, and acetate of lead added to the injections.

26th. Sinking; treatment the same.

27th. Still able to get up with the assistance of the nurse to the chair; is more restless.

28th. But little change in the symptoms. Treatment the same.

29th. Dying.

30th. Died at 8 o'clock, A. M.

Six hours after death we made the

#### SECTIO CADAVERIS.

*Head.*—Scalp much contused and blackened over the frontal and upper and front parts of the parietal bones. Upon removing the integuments, a very extensive fracture of the os frontis was seen. There was slight depression in the outer table of the bone, an inch above the right eye, and across the forehead, and down into both orbits, a crack of the bone was observed. These cracks penetrated both tables of the frontal bone, and interposed between the dura mater and skull over each orbit, and lying on the orbicular processes, coagulated blood to the extent of two ounces was found. Upon a careful examination of the brain there was discovered a broken down, diffuent state of the anterior lobes of the cerebrum, which reached to the depth of an inch, and of an inch in diameter.

There was a perforative ulcer of the upper part of the rectum, and very extensive inflammation, with patches of ulceration in the colon.

This specimen was exhibited to the class, and some medical gentlemen present, and it was remarked that it afforded a practical disproof of the phrenological location of the organ of language. The man was to the last capable of carrying on a correspondence with those around, by distinct articulate sounds. Another, and still more important point was illustrated by the case. No decided symptoms of compression of the brain existed, although a considerable extravasation of blood took place. The patient seemed to die of dysentery, perhaps brought on by the deep injury sustained by the brain.

CASE III.—EPILEPSY, CONNECTED WITH UNEQUAL SIZE OF THE HEMISPHERES OF THE BRAIN, ARISING FROM THICKENED STATE OF THE FRONTAL, PARIETAL AND OCCIPITAL BONES OF THE RIGHT SIDE OF THE SKULL.

The patient, an idiot dwarfed boy of sixteen years old, had been an inmate of the house for a number of years. He has had frequent and severe seizures of epilepsy, and before his death, which took place in one of the paroxysms of the disease, for several years he has exhibited scarcely any traces of mind.

SECTIO CADAVERIS.

The head is very small, contracted in all its parts. Upon opening the head it was found that the right hemisphere of the cerebrum was a fourth part smaller than the left, and the skull measured, on the right side, an inch in thickness. The diploe was nearly absent, especially from the right side of the skull, and the bones were dense, and much heavier than common.

CASE IV.—HYDROPHOBIA.

*Dec. 24th, 1841.* Patrick Brown, aged forty, a laboring man, addicted to the excessive use of ardent spirits, was brought into the house to-day. The day before admission he was seen by myself at the request of Dr. Bonner. When visited decided symptoms of hydrophobia were present. Great dread of water, restlessness, insomnia the night preceding, and a wild haggard look, with rapid pulse, were the predominant symptoms. Three weeks ago he had been bitten on the hand by a young dog, which was immediately killed. The wound healed kind-

ly, and he suffered no inconvenience whatever from the bite. Two days before the appearance of any distress of the system, he had joined the Temperance Society. The following account of the phenomena exhibited by the disease, we copy from the Hospital Record Book.

“*Dec. 24.* Patient is in a great nervous excitement, pulse rapid and weak, countenance haggard, eyes sunk and staring, he talks constantly and very fast, appears to be rational, foams from the mouth, by attempting to swallow he is taken with cramp about the pharynx; cold air seems to have a similar effect—blindfolding likewise; he swallowed about a drachm of water with difficulty. Ten grains of the powdered root of belladonna were administered at noon. After which he refused to take medicine; seems frightened, and under an impression that some persons are going to shoot him, or blow him up; does not dread the aspect of water, nor the touch of it; he puts his hand into water and washes his forehead and face, and allows his face to be washed. Cold air has no effect on him.

*Evening.* Patient has been raving mad the whole afternoon; frothy, sticky saliva running from his mouth; the whole body covered with a cold clammy sweat; has kept a brickbat in his hand, for fear that persons were going to kill him, until he was overpowered and his hands secured; the idea of being destined to be shot or blown up is predominant with him, occupies his imagination, and excites him. Injections of assafoetida are given, and he is made to swallow belladonna rad. pulv. gr. x. He is more quiet now; tongue covered with white fur, has had a yellow fluid stool; fear prevailing yet.

*25th.* Patient has been awake the whole night, walking in his room until 2 o'clock, A. M.: then he became noisy again, kicked against the door, asked for water, and took two good swallows without cramps; afterwards he had to make some exertions again, to settle his stomach, as he said, before he could swallow. No symptoms of hydrophobia; sees and feels water; is not raving, but the fear of being killed predominant. Assafoetida injections were again given, and tinct. valerian and laudanum prescribed, but he would not take it; asked for whiskey. In the afternoon he became more exhausted, and



laid down on his bed; he was washed with warm brandy, and wrapped in hot blankets. He continued to refuse taking anything, brandy as well as other liquids. Died at 8 o'clock, P. M., 26th. Post mortem examination was not permitted by his wife. This morning it was found that blood and some yellow matter had run out of his nose."

The above interesting, and I may add, perplexing case, affords illustration of the ambiguity which still rests on the whole nature, and peculiar symptomatology of hydrophobia, or rabies canina. Several points are well established in the brief history and rapidly fatal issue of Brown's malady, whatever designation it may receive. First, that he was bitten by a dog; second, that the wound healed up with no severity of local irritation; third, that when first seen by myself, with Dr. Bonner, his attending physician, the symptoms bore a very close resemblance to those characteristic of hydrophobia; and fourth, the quick termination of the attack in death proved its exceeding violence. On the other hand, his sudden abandonment of his accustomed stimulus, with the facility in the course of the disease with which he allowed water to come in contact with his skin, and with which he drank it, would, on the first view of the case, seem to demonstrate that it partook more of delirium tremens than rabies canina. There was a general concurrence of opinion on the part of all the medical gentlemen who visited him, at his own house, and on the first day of his admission into the Hospital, that it was a decided exemplification of hydrophobic disease. The best authorities assure us that the dread of water is not to be considered the pathognomonic symptom of this terrific malady, but that the entire group or concourse of phenomena, must be taken into consideration, in order to form a just estimate, or rationale of the nature of the attack.

We perceive no grounds to doubt but what a modification may have been impressed on the character of the case by the previous habits of the patient. It has often happened that the irritation induced by the contact of the hydrophobic virus has remained latent in the system till some exciting cause, of a perturbing kind, has thrown the nervous function into a vio-

lent state of action. And the same remark applies to tetanus, between which and rabies there exists one prominent point of resemblance, as far as their pathology is concerned.

The local irritation produced by a wound in the foot or hand, has remained latent for days, and even weeks, till the patient has been exposed to a damp, cold atmosphere, or has committed some impropriety in diet, and then the tetanic symptoms have made their appearance. As no poisonous matter is concerned in the production of the constitutional irritation, termed tetanus, so we analogically infer that no virus is absorbed, and veritably present in the blood, subsequent to the infliction of the wound, and the inoculation of it with the peculiar secretion from the mouth of the mad dog. Spontaneous attacks of hydrophobia have, it is stated, occurred in the human subject, but of the truth of this we have our doubts. That the dread of water is sometimes present in hysterical attacks there is no just room to question, but such a phenomenon is found in such cases to be accompanied with other manifestations of the true pathological condition of the system, as at once to deprive the symptom of all its alarming features.

The excision of the bitten part is the only expedient that any skilful physician will rely on; and as respects the method of cure, after decided symptoms of the disease have arisen, thus far the profession have only to lament the imbecility which besets all the measures (and they have been almost as multiplied as the drops of the morning dew) that have been tried.

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ART. II.—*Excision of a large Tumor upon the Neck.*—By R. D. MUSSEY, M. D., Professor of Surgery in the Medical College of Ohio, and Surgeon to the Commercial Hospital at Cincinnati.

In December, 1841, I was consulted by Mr. Jas. C. M'Dowell, æt. 34, of Mt. Carmel, Wabash Co., Illinois, on account of a large tumor on the right side of his neck, and received from him the following account of it.

The tumor commenced eighteen years ago, in the form of a lump, below the tip of the ear, of the size of a hazelnut, which was painful, and which, on that account, was thought to be mumps. The pain subsided in a few days, but the swelling and hardness remained. From that time the progress of the tumor was slow, and almost always without pain, till within the last eighteen months, during which time he had experienced a great deal of pain in the ear and on the side of the face. In 1828, between five and six years after the first appearance of the disease, and when the tumor was about the size of a hen's egg, he came to Cincinnati and took advice from the Professor of Surgery in the Medical College of Ohio, who declined operating, saying, "that the carotid artery must first be tied, or the extraction of the tumor would prove fatal in a few minutes; and besides, the right side of the face would be palsied by the division of an important nerve," &c.

The tumor presented, at the time above mentioned, viz. Dec., 1841, the following appearances.—It was nearly hemispherical in form with some tuberosities, extending from the lower part of the concha of the ear, which it crowded a little upward, to within an inch and three quarters of the clavicle, and antero-posteriorly from the anterior border of the cervical portion of the trapezius, to within two inches of the median line upon the chin, covering part of the larynx and trachea, and a large portion of the lower jaw. A line stretched from the anterior to the posterior edge of the base of the tumor, over its apex or pole, measured ten inches; and its circumference at the base was seventeen inches. The sterno-cleido-mastoid muscle was put in a state of tension upon the back part of the tumor, and seemed adherent to it. This large mass possessed a good degree of solidity, had no uncommon sensibility to the touch, could be made to glide slightly in the antero-posterior direction, showing that it did not involve the deep and large vessels, and most important nerves of the neck: the integument covering it was healthy looking.

I decided upon the practicability of its removal, and put the patient upon a farinaceous diet, with water only for his drink; and on the 11th of January, 1842, in the presence of several pro-



professional gentlemen, and a few friends of the patient, proceeded to the operation. The integuments and platysma were divided by a vertical and a horizontal incision crossing each other at right angles upon the pole of the tumor; the flaps were carefully raised, and the mass slowly disengaged from the condensed cellular bands which shot from the neighboring parts, and from the mastoid muscle, a portion of the attenuated edge of which was removed. Some difficulty was found and a good deal of pain produced in detaching it from the infra auricular and infra maxillary tissues, but no important blood vessel was wounded or muscle mutilated, except the mastoid; nor nerve injured, except a descending branch of the facial, by which a slight displacement was given to the integuments of the chin. The angle of the mouth kept its natural position. There was less than a pint of blood lost, and the patient, though somewhat faint for a short time during the operation, causing a little delay, had so far rallied as to be comfortable during the application of the dressings, and after he was carried to his bed. The following night he was restless and had considerable pain with irritative fever, which were soothed by an anodyne dose with spiritus mindereri.

After the first night Mr. M'Dowell was comfortable—the wound healed kindly, and in four weeks he left the city to visit his friends. Within the last few days we learn by a gentleman directly from his residence, that he is in sound health and good spirits.

For the purpose of safely extracting large tumors from the neck, it can rarely be necessary to ligate the carotid artery as a preparatory step. By carrying the dissection close to the morbid growth but little risk is incurred, unless in the fungoid growths, which sometimes completely encircle large vessels and important nerves; and with these there is but little encouragement for an operation.

The slow progress of the tumor, together with its solidity and freedom from irritation, served to mark it as a morbid structure of mild character; and yet from the frequent and strong pains induced by mechanical tension of sentient nerves in its neighborhood during the last year and a half, it might

ultimately have kindled up an action, the result of which would be obstinate or incurable ulceration; but, as it is, the operation will almost certainly be followed by entire exemption from the disease.

The superficial portion of the parotid gland was not to be observed distinct from the tumor; indeed there was no obvious trace of any part of it remaining. Like most tumors of slow growth, occupying the site of the parotid, it commenced, in all probability, in a lymphatic gland, and by pressure during its progressive and protracted enlargement, it had caused an entire absorption of so much of the parotid as came in its way.

*April 20th, 1842.*

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ARTIII. —*Remarks on Diseases of the Stomach.*—By the  
EDITOR.

“There are few points in medical science,” remarks Dr. Abercrombie, “which have undergone more discussion than affections of the stomach; and yet it must be confessed, that when we come to investigate the subject according to the rules of pathological induction, we find little that is satisfactory.”

These reflections, of that justly celebrated philosopher, were elicited by the most accurate observations, guided by the unerring principles of induction. While we are free to admit, that pathology and therapeutics have greatly enlarged our views, and relieved the subject from many of its empirical embarrassments; yet, great uncertainty still involves many practical points, resulting from their own intrinsic obscurity, and the imperfect methods of investigation adopted by many pathologists.

The very obvious discrepancies existing among practitioners in relation to stomach affections, and the ambiguity thrown around pathological changes, arise, in no small degree, from hasty and imperfect generalization of symptoms, and unpardonable neglect of appearances as exhibited post mortem. Vague and indefinite terms are made to comprehend classes and grades of affections radically distinct in character, and demanding totally different modes of treatment. Thus the term *dyspepsia*—

which never should be uttered by a *physician*—is applied to every species of derangement, functional and organic, which is complicated with *imperfect digestion*; regardless of accompanying symptoms indicative of extensive and permanent abnormal changes. The consequence is, that a *tonic* or *stimulant* is often prescribed to remove *inflammation*!

Another impediment to the successful investigation of these affections, is the want of accurate knowledge of the appearances exhibited in health. Few diseases terminate fatally without impairing the integrity of the gastro-intestinal mucous surface; thereby destroying our ability to draw accurate conclusions, as to its natural and healthy appearance. Even in criminals, who have been executed, apparently free from disease, it is not unusual to find traces of prior unhealthy changes in the mucous membrane; and in some instances, as Yellowly and others observed, presenting decided characteristics of inflammation.

But perhaps the most potent cause, retarding investigation of the pathology and treatment of these affections, is a want of proper appreciation of their *sympathetic relations*. One of the most curious and interesting points in pathology embraces the sympathetic relations of the stomach—diseased associations, which implicate all important organs of the system, producing secondary symptoms of so much intensity, as frequently to obscure to a great extent the idiopathic affection, and which may finally preponderate in the morbid action, and ultimately produce death.

The first, and most simple morbid condition of the stomach which we will consider, is

#### HYPERÆMIA.

It is not our expectation to offer much that is original on this subject, indeed innovations are more to be feared than encouraged; but our desire is rather to systematise what is true on the subject, separating it from hypothesis and empiricism as far as possible, and establishing a corresponding relation, which may be readily recognised, between the morbid action and its remedy.

By the term *hyperæmia* is to be understood preternatural in-



crease of capillary circulation. *Congestion* might perhaps be applied in the same signification, but that term is usually, and more correctly, restricted to engorgement of the larger venous trunks.

Before we proceed to a particular consideration of the morbid conditions of the stomach, a brief enquiry into the healthy appearance of the mucous membrane becomes necessary.

As already intimated, the gastro-intestinal mucous membrane is rarely found, *post mortem*, in a strictly healthy state, because, if no actual disease existed, cadaveric hyperæmia occurs so constantly, that it destroys the normal appearance of that tissue.

In the living system, if the examination be made when the animal is free from excitement, and when the mucous membrane is not under the influence of the temporary congestion produced by the process of digestion, physiologists assure us, that the lining tissue of the stomach presents a florid aspect resembling the lining of the cheeks. If, however, an animal is suddenly destroyed during the process of digestion, without losing much blood, the mucous surface will present a considerable degree of redness indicative of congestion, and which might readily be mistaken for previous disease: If *mechanical* obstruction to the free circulation in the venous trunks exists, engorgement and discoloration, more or less intense, will take place. In addition to these facts, the vital functions and affinities being destroyed by death, the blood, controlled by the laws of gravitation, will subside to the most dependent part, and accumulate in quantities sufficient to cause discoloration, and frequently exudation.

Andral remarks, that injections of the mucous tissue from *hypostasis* begins *immediately after death*, acquires its height at the end of a few hours, and subsides as soon as the blood having cooled coagulates. But in some instances the condition here named, *coagulation*, either does not take place, or very partially, as for example, in cases of sudden and violent death from blows on the stomach, electricity, various poisons, and in protracted cases of typhus fever; hence, in such instances, examinations after death would disclose cadaveric congestion, in proportion to the time which had elapsed since dissolution.

Another point is worthy of consideration. When the putrefactive process commences, even in the fluids, the chemical affinities which bound the constituent elements together being destroyed, the liquids will penetrate the interstices of vessels, and reaching the membranes, cause a change of color, modified by the intensity of the producing agents. In sudden death, under circumstances particularly favoring early decomposition, as well as gastro-intestinal congestion, great discrimination becomes necessary to avoid error. In *coup de soleil*, for example, where great pulmonary engorgement produces mechanical hyperæmia of the gastric surface, and decomposition rapidly follows, the tissue in question must unavoidably present evidences of increased vascularity.

The mucous membrane of the stomach, viewed after death, free from prior disease, and uninfluenced by the incidental changes adverted to, presents a *dull white* color entirely destitute of redness, and slightly thickened at the large extremity, pyloric orifice, and the lesser curvature.

Andral divides hyperæmia into four species. 1. Acute or sthenic. 2. Passive or asthenic. 3. Mechanical. 4. Cadaveric.

The first two species, active and passive, do not merit distinct consideration, but should rather be regarded as the same morbid process varying slightly in degree; indeed the *most incipient* stage, of passive hyperæmia, will be almost entirely destitute of any phenomena indicative of disease, and so transient in duration as to be unproductive of morbid changes; consequently, it is only when the derangement becomes more acute, or assumes an active form, that it claims attention practically or pathologically.

We have already adverted to cadaveric hyperæmia, introducing it as a condition necessary to be distinguished from actual disease; we therefore next proceed to hyperæmia taken in its common acceptance, as denoting preternatural fullness of the capillary vessels, connected with a limited degree of irritation, constituting a pathological condition of ordinary occurrence, and originating a peculiar train of symptoms.

In all the varied lesions of circulation in whatever organ or tissue located, two stages have been remarked as constituting

disease : the one consists in a relatively acute state of capillary derangement, connected with a tangible degree of irritation : the second condition is supposed to consist in an undue accumulation of fluid, unconnected with irritation in an applicable form, manifesting passive phenomena, actual and sympathetic. But as already intimated, so slight an increase of capillary circulation as to be absolutely free from irritation, could not manifest active symptoms, positive or negative ; and, consequently, would not be recognised as disease, although there might exist a slight deviation from a healthy standard.

Those conditions to which Andral particularly refers, under the appellation of *passive hyperæmia*, are evidently not *actually* passive, but only *relatively* so; and consequently, should not constitute a separate division, embracing pathological changes of a different character, when the peculiar phenomena consists only in the intensity of a similar action. In support of his views, the same author refers to acute diseases, in which the nervous function is greatly deranged; and upon slight irritation of the cutaneous surface, the red color, which previously existed, is converted into violet, brown, or even black, passing into gangrene. Here he admits, that the gangrene was preceded by active hyperæmia—he should have said inflammation—but, finally, arrives at the very paradoxical conclusion, that passive hyperæmia supervened, and the vascular tissues being unable to expel the blood, stagnation and gangrene follows.

In this exposition the order of morbid changes are evidently reversed and misunderstood. If the passive stage existed, it was connected with the initial symptoms; and the last stage, or termination in gangrene, could not be called passive hyperæmia, as it consisted in a loss of vitality, destructive of all the functions, healthy and morbid. Andral's doctrine leads to the anomalous position, that gangrene was not the result of inflammation, or even active hyperæmia, but speedily followed a passive condition, when the intensity of action was comparatively subdued.

The capillary system of vessels is the seat of the vital functions, nutrition, secretion, calorification, decarbonization and



hematosis ; and the peculiar elaboration which takes place, not only supplies the demands of the system, but also relieves it from old and effete matter, which is eliminated by the various emunctories. If, then, the normal supply of blood is much increased or diminished, the peculiar stimulus imparted by that fluid is no longer in healthy adaptation to the wants of the part, and the material for elaboration undergoes a like remarkable change ; and, as a necessary result, these combined actions constitute disease, varying in intensity according to the potency of the cause, and excitability of the part. A simple *accumulation* of blood in these vessels, does not give rise to marked symptoms of disease ; but, on the contrary, under some circumstances it becomes a physiological action, entirely compatible with the regular display of the normal functions of the part. An instance of this character is exhibited in the suffusion of the cheeks, as a result of excited passion ; but this temporary vascular action is immediately restored to its original condition by the intrinsic tonicity of the vessels implicated. But when local *nervous* irritation is established, either as a cause or sequence of the sanguineous accumulation, a positively diseased action is established ; and, instead of passive phenomena, the vessels at once assume *active hyperæmia*.

The conditions of those tissues, necessary to constitute *active hyperæmia*, are nervous irritation, and a sanguineous engorgement.—Which of these conditions is to be regarded as the cause, and which the effect, we will for a moment inquire.

The immediate and obvious connection between the vascular and nervous systems, in irritative derangement, predisposing to inflammation, has too frequently been disregarded by pathologists, in attempting to enforce their own peculiar dogmas ; and as the functions of the capillary system seemed to furnish full and adequate explanations of all phlogistic phenomena, their speculative deductions sought to achieve nothing more, and the agency of innervation lost its influence in establishing and maintaining disease.

It must be obvious to the mind of every unprejudiced observer, that complete perversion of the vital properties takes place in irritative congestion and inflammation ; and that these

changes cannot occur without a joint participation of the nervous and vascular systems in the diseased action. Although the subject immediately under consideration is not inflammation, yet, as hyperæmia must be acknowledged to be the primary stage of the former affection, we are warranted in assuming the existence of the same process, varying only in intensity.

The general capillary circulation is manifestly under the influence of innervation, especially of the spinal cord. The innumerable local determinations constantly occurring, as exhibited in the various secretions, erectile tissues, and growth of tumors, clearly indicate that the *vis a tergo* of the heart is insufficient to produce these isolated effects; and further, that the capillary action displayed in these local phenomena depends, in a great degree, upon nervous influence, aided by other forces common to material organization. Observation abundantly establishes the fact, that lesions of the medulla spinalis produce corresponding derangements of parts depending on that organ for innervation. Chronic inflammatory affections, and mechanical injuries, produce constipation, and analogous symptoms, denoting the influence exercised over the digestive apparatus by the spinal nerves, through the medium of the capillaries. A section of the par vagum suspends digestion, by destroying sensation and secretion, and a division of portions of the fifth pair produces dryness of the schneiderian membrane and mucous covering of the eye. It is also well known that the temperature of paralyzed limbs sinks below a medium standard.

From the preceding facts it seems very obvious that the capillary system is directly influenced by the condition of the nervous system; and, therefore, in analyzing the subject of irritation, from simple asthenic hyperæmia to the most acute form of inflammation, we will always find the sentient nervous filaments, or their centres, exercising a marked influence, if not the exciting and sustaining powers of irritation and inflammation.

It cannot be supposed that the ventricular contractions of the heart could propel the blood unequally to different parts, or that an *elective affinity* could produce such results; and the

supposition that *debility* and *relaxation* favor sanguineous accumulations in local irritations, is equally futile. Relaxation, as was affirmed by Vacca and others, is not a constituent part of the irritative process. Indeed all the phenomena of active hyperæmia, as well as inflammation, plainly contradict the idea, that debility and relaxation have any share in the preliminary, or active stages of the morbid process.

Broussais remarks, that if a transparent part be irritated by the prick of a pin globules of blood will be seen hurrying from all points to the focus of irritation. Now, if the nervous excitement is not the cause of this phenomenon, no satisfactory solution can be offered. In addition to this, we may add, that microscopic observations prove that, when an irritant is applied, the capillaries first *diminish* in diameter, but, at a later period, dilate to, or even beyond, the original dimensions. These phenomena are precisely what would result from *nervous irritation*; the first effect of which, being imparted to the capillary tunics, causes partial contraction, resembling spasmodic action; to this succeeds the stage of dilation, produced in part by mechanical force of the blood rushing to the irritated tissue.

These reflections lead us to the conclusion, that the proximate cause of hyperæmia is morbid excitement of the nervous tissue. The application of an irritative agent to the nervous extremities or centres, is followed by an exaltation of action—the nerves implicated become preternaturally excited, and sustaining a close connection with the capillaries, they impart a morbid action to the vascular tissue; and, upon the principal *ubi irritatio ibi fluxus*, a centripetal flow of fluids ensues, and the parietes of the vessels yielding—not relaxing—to mechanical force, an accumulation of blood is established, which, reaching upon the already irritated nervous filaments, sustains and augments irritation.

Hyperæmia of the stomach is ordinarily confined to the mucous membrane; so seldom indeed does the vascular engorgement extend beyond that tissue, that the subjacent cellular structure usually presents its natural white color. The varieties of gastric hyperæmia, usually noticed by pathologists, are three. 1. The increased vascularity, affecting the membrane



in substance. 2. Engorgement of the vessels communicating with the villi. 3. Implication of the mucous follicles in the diseased action.

The most common form of the affection is that involving the entire membrane, that is, occupying the tissue completely, so far as it extends, though the circumference of the disease may be more or less limited, presenting itself in patches; or the entire extent of the mucous surface may be involved.

The color of the part, as exhibited post mortem, indicates the intensity of disease during life. In the most simple form, and that affecting the mucous coat in general, the color is a uniform redness diffused over the membrane. As the disease becomes protracted and more intense, the hue assumes a darker shade; and, as some affirm, finally becomes black. Andral states, that in some cases of protracted diarrhœa, the intestines assume a *fine black color*. This phenomenon, however, is most probably the result of an extremely chronic form of inflammation.

The active form of hyperæmia is supposed by some pathologists, frequently to produce *softening* and *ulceration*. Here again, however, as in the instance of black color, we may safely assume, that hyperæmia has passed into inflammation; and, that the former condition does not lead *directly* to organic changes, but may *indirectly*, either by passing into inflammation, or by sympathetic relations, establishing diseased association between remote organs, which may superinduce the most fatal organic changes.

But little opportunity has been afforded pathologists of investigating, post mortem, the actual state of the diseased tissues in hyperæmia of the stomach, from the simple fact, that it is not a fatal affection, only as it becomes complicated with inflammation, or sympathetically affecting other organs. Neglect and injudicious treatment readily converts hyperæmia into inflammation, and therefore the necessity of removing it as speedily as possible is very obvious—and hence, too, the impossibility of frequently witnessing its anatomical characters, as the fatal complications usually totally change the appearances exhibited upon dissection.

The usual symptoms, denoting simple gastric hyperæmia, are

slight tenderness on pressure; sense of weight and fullness at the *scrobiculus cordis*, particularly after meals; flatulency; acidity; nausea and vomiting; thirst; usually constipation, sometimes diarrhœa. To these should be added, the sympathetic derangements—palpitation, dyspnœa, cough, headache, vertigo. These symptoms are variously modified and combined, responding to the intensity of disease and peculiarities of constitution.

The following case, related by Parker, will serve to illustrate the state of the mucous membrane corresponding to these symptoms.—A gentleman affected with symptoms of gastric disease, such as uneasiness of the stomach, flatulency, vomiting, and other evidences of capillary derangement, was suddenly thrown into profound coma, during vomiting, of which he died. On examination, the mucous membrane was *vividly injected* in patches, showing conclusively that the disease of the stomach was *simple hyperæmia*—no organic affection was found. This case was complicated with softening of the left cerebral lobe to a small extent, which was really the *direct* cause of death; but the cerebral disease probably exercised no influence over the gastric affection. These symptoms could not have been the result of inflammation, because, when that condition prevails, greater intensity of diseased action is manifested.

The degree of sympathetic and constitutional disturbances, arising from gastric hyperæmia, depends upon the extent of the local affection, and the susceptibility of the system to such influence. If the membrane is affected partially, then local symptoms alone may indicate the disease; but if a large extent of the mucous surface is involved, general constitutional symptoms will follow, connected occasionally with more or less irritative fever; though much febrile action is not common, unless the disease passes into inflammation. The sympathetic associations attending hyperæmia are palpitation, headache, cough, dyspnœa, &c., which often exist in a very distressing form, and become more formidable than the original disease.

Having traced these primary principles thus far, we are admonished to dismiss the subject for the present, with the inten-

tion, however, of resuming it at a future period. The details into which we have entered may seem abstract and speculative, but, we trust, their *direct practical* bearing will hereafter be fully exemplified.

(To be continued.)

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ART. IV.—*Typhus Fever*. Professor Schoenlein's Lectures, translated from the German, for the Western Lancet, by F. ROLKER, M. D.

The word *typhos* is found in the most ancient greek writings, and denotes one thunder-struck. According to Hippocrates *typhos* is every disease, which goes on with stupor and coma. In modern times the name of *Febris nervosa*, nervous fever, &c., is put in the place of *typhos* but the nature of the disease was yet less agreed upon. Two things may be the cause of it. In the first place, Galen's doctrine of the cardinal (self-subsisting) fevers, to which most pathologists yet adhere. According to this theory, nervous fever is a general disease, which has its seat everywhere and nowhere, a real Proteus, a purely dynamic disease, in which no change of structure takes place. In the second place, the confusion of the process of a disease, with what has been lately called the character of a disease. Some have gone very far in this, and have called every disease whose character is a torpid one, typhus, nervous fever.

We will endeavor to define this disease more accurately.

*Physiological character.* It is composed of the following momenta:

1. The principal points of concentration of the disease are the ganglionic and cerebral systems—*Ganglionic* and *Cerebral* typhus.

2. The motion of the arterial blood is accelerated, but no formation of new vascular trunks takes place (as in the phlegmasiæ;) over-filling of blood in the diseased organs occurs because the veins are not equally active in the carrying back of the blood; the seat of the disease is the attractive point for the course of the blood. All these appearances are exhibited as we find them with the neuro-phlegmasiæ.



3. The blood is peculiarly changed. In physiological, as well as chemical respect, a definite series of changes in the blood may be presumed with probability. But the observations and examinations of this subject are yet very incomplete, and we know perhaps no more than this: *Fibrin* and *Albumen* are decreased. Albumen is in some species of typhus yet found, at least partly, in the secretory products. In ganglionic typhus, for instance, albuminous stools appear. The blood does not easily coagulate, it remains in a half-fluid state; the cruor is soft, easily broken, small in proportion to the serum, and the whole rapidly undergoes decomposition. It is remarkably black, never shows the florid redness as in neuro-phlegmasiæ, has never a buffy coat. In the last stage a peculiar gas appears to develop itself in the blood; by making a section into the larger vascular trunks it runs out mixed with air bubbles. As to the quality of this gas no accurate examinations have been made yet; but it appears to be similar to the hydro-cyanic and sulpho-cyanic (anthrazoothionic) gas. Also under the skin this gas is found in the form of vesicles, and covers in the last stage the whole surface of the skin. This development of air has been mistaken for *miliaria alba*.

4. Anomalous pigments make their appearance. Not only certain secretory products are colored by them—for instance the mucus of the nose, which becomes brown, sooty, and the intestinal evacuations—but also independently of the secretions we see these pigments. The typhus of the northern countries shows in regard to the pigments by far less change of color than the southern typhus. But plants and animals are simple in the northern zones, while the greatest splendor of color develops itself between the tropics. There is also some difference in regard to the variety of colors of the pigments and the quantity, in the different forms of typhus. In ganglionic typhus, the formation of the pigment is greater than in cerebral typhus. It is probable that these pigments are nothing but changed blood, when we consider the effects of these substances upon organic life, as they often produce the same disease whose products they are.

5. Animal electricity is remarkably changed. This is mani-

fested in the first place, by the pungent heat (*calor mordax*), which makes itself known to the feelings of the patient; as at the touching of the electrophor, and then the peculiar redness on the internal membranes of the vessels, which appears in forms, that remind us of Lichtenberg's electric, and of Chladni's acoustic figures. (It is remarkable that the thermometer shows no increase of temperature, but often even a decrease.)

6. Great alterations appear upon the mucous membranes. In all forms of typhus the mucous membranes are affected, and this in a high degree, some more, others less; especially the mucous membrane of the chylopoietic viscera; in ganglionic typhus. The disease shows itself in an eruption similar to an exanthema. The mucous membrane of the respiratory organs is also, although later, affected by the process of the disease, yet it never comes to a real exanthema.

7. Typhus keeps certain periods (approximation to the exanthemata.) These periods are of seven, fourteen, twenty-one and twenty-eight days' duration. By these peculiarities typhus differs essentially from inflammation. According to the doctrine of more ancient physicians, inflammation also had to run through a certain period—but this is false, it may rather be subdued at any stage. If an individual has once passed into the typhus character of disease, no interruption of the morbid circle is possible until after a certain series of days. Within this period of time, the typhus runs through a definite series of changes, i. e. definite stages. Three such stages may be distinguished:—1. The stage of vascular irritation. 2. The stage of the prevailing symptoms of affection of the nerves and mucous membranes—the nervous stage. 3. The stage of the crisis.

*Anatomical Character.* It is the merit of modern times to have proven, that connected with the so named nervous fevers, fixed characteristics and permanent changes occur in the organism. They are the following:

1. The subjects that die of typhus, retain uncommonly long the animal warmth. They never show the common inflexibility of death, its rigidity and stiffness, but soon pass into putridity, especially in the typhus of the tropics, and are soon covered with death-spots, suggilations.

2. The examination of the internal organs shows the following changes.

1st. The membranous envelops of the central parts of the nervous system are overloaded with blood and remarkably reddened, occasionally even between the single membranes. The redness is dark, merging into blue. It is this circumstance which gave occasion to the assertion, that typhus and nervous fever are nothing else but encephalitis of a sensitive character. Marcus was the first who defended this theory against Horn and Hecker, in the year 1810. At a later time, French physicians sent this same fact as their own discovery to us over the Rhine; and some German physicians were ignorant enough to gaze at it as a gift of a foreign country. Professor Freidreich, however, has pointed out what he thought of the identity of these two processes of disease, and accurately fixed the diagnosis between venous *passive* congestions and *active* congestions, as seen during inflammations.

2d. The substance of the brain and the nervous formations are changed in their consistence in a remarkable manner. In *cerebral typhus* there is softening, especially in the corpus callosum, septum lucidum, &c. They are soft, pulpy, but yet show the normal color and the fibrous structure, especially after treatment with sulphuric acid; in gastromalacia there remains no trace of any fibrous structure. In *ganglionic typhus* the ganglia are swollen, enlarged, not softened but hardened, (oftentimes they are firm like cartilage.)

3d. The blood is remarkably fluid, either none or only slimy coagula. The blood is more marked by its dark and black color. The change in the muscular system has connection with this. All the muscles, especially those of the abdomen and of the chest, have lost their florid color, are dirty brown, soft and very easily torn, (almost as in subjects poisoned by narcotics.)

The changes in the vascular system are very remarkable, (they are always found when death takes place in the nervous stage.) They are the following: The inner vascular membranes are reddened, especially next to the heart, (sometimes even the endocardium,) which may effect the veins, (in these cases the color is brownish-red like cherries,) or the anterior



trunks, (the redness is brownish, often even violet-blue,) and often both at the same time. The redness cannot be wiped off, but may be destroyed by acids and alkalies. It is confined to the inner membrane, and never passes over to the next cellular tissue. The redness extends from the centre to the point, where the trunks of the arteries ramify. The reverse appearance takes place in tieing and in inflammation of the arteries. This circumstance, the redness of the inner vascular membranes, occasioned the assertion, that typhus depends upon vascular inflammation, and is identical with phlebitis. How singular this assertion is, we have shown when treating of vascular inflammation. The greater rigidity of the membranes, and the manner of the distribution of the redness (there from the periphery towards the larger trunks and terminating with them, here from the trunks towards the periphery and at the points of bifurcation as cut off,) are sufficient to form a correct diagnosis.

4. There are certain changes in the mucous membranes, especially those of the respiratory and chylopoietic organs. The mucous membrane of the respiratory organs shows dark redness, merging into a brownish and violet-like color, which increases in intensity. Upon the mucous membranes of the chylopoietic organs are found excrescences, a true exanthema, which runs through certain cyclical changes, and hence in different dissections shows different evolutions. In cerebral typhus the *respiratory* mucous membranes are affected, in ganglionic typhus those of the digestive organs.

*Fever.*—There is no typhus without fever. The disease of the nervous system is too violent, life is too much attacked in its deepest roots, to remain without the reaction of the whole organism. In the beginning the fever exhibits the three different characters: the synochal (seldom and only in young plethoric individuals, when the *genius epidemicus* is inflammatory,) the erethic frequently, and that of torpor less frequently, at least in European typhus. But whatsoever its character may be in the first stage, in the second it always passes into the torpid. It is remarkable that the urine indicates so little during the whole course of the disease. It often shows no change at

all, and often it changes suddenly again and again, after a few hours. Only in putrid fevers is constantly found a dark and bloody red sedimentous urine. The insignificance of the urine shows itself plainly at the moment of the crisis, for very seldom, perhaps never, do sediments appear in it.

*Faculty of Combination—Power of Exclusion.*—The faculty of combination in typhus is small. The connection, if it takes place, is loose and irregular, and the diseased process, which enters into the connection, never exercises influence on the course of typhus—never producing modifications in its symptoms. We know at the present time the following combinations:

1. With topical inflammation of the liver—*jaundice typhus, typhus icterodes*. It appears exclusively in cerebral typhus, (sympathy between brain and liver.)

2. With pulmonary catarrh. Physicians named this combination *catarrhus malignus*, because they thought at first they had to do only with simple catarrhal affections, until later it turned suddenly to an evil end. The diagnosis of this combination is however not so very difficult. The seizure of the sensorium commune, the deep prostration of strength, the symptoms in the head, (the buzzing and whizzing in the ears,) the inclination of the fever to a continued character, excite immediately in the beginning the physician's attention, that it is not only a simple catarrhal affection, but a combination with typhus, which is repressed only in the beginning, until it appears in its full growth on the seventh day.

So small is the faculty of combination in typhus, and so great is its power of exclusion, that the original disease often stands still with the appearance of typhus, and occasionally extinguishes other affections temporarily or permanently. That, for instance, cutaneous exanthemata disappear with the occurrence of typhus, is well known; also that scrofulous disorders cease after an attack of typhus. In the latter respect, typhus is a purifying disease, (*morbus puratorious*.)

ART. V.—*Adversaria Medica.*—By the EDITOR.

**IODINE INJECTIONS IN HYDROCELE.**—The differences of opinion, among eminent surgeons, respecting the best preparation for injection in hydrocele, and the frequent failure of all the articles used, is conclusive evidence that some error existed, either in the selection or mode of application of the agents. *Sulphate of zinc*, used by Sir Astley Cooper, and port wine, introduced by the French, have become the most popular. More recently, M. Velpeau has made extensive trial of iodine, and with the most flattering success. A very aggravated case having been recently presented to us for treatment, we determined to use the iodine. The disease originated from inflammatory action of the testicle, which organ was very much enlarged and very sensitive upon pressure. The case had been of six months' standing, and about six ounces of fluid occupied the tunica vaginalis testis. The injection material consisted of tinct. iodine, two parts; water, six parts. The operation was performed in the ordinary way, and three ounces of the fluid was thrown into the cavity, and permitted to remain a few minutes, until pain was produced, and then withdrawn. The swelling and pain following the operation were not great, and at the end of five days the patient was able to resume his ordinary occupation. The operation was performed six months since, and the patient remains well to the present time.

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**PROTO-IODIDE OF MERCURY IN SYPHILIS.**—We have had a variety of cases illustrative of the efficacy of the proto-iodide of mercury in the secondary forms of the syphilis. Several of these cases were attended with severe nocturnal pains, cutaneous eruptions, ulcerated fauces, and other symptoms indicative of extensive and permanent action of the venereal virus. The following mode of exhibition we have found most satisfactory:

R. Hydrarg. proto-ioduret, gr. xii.

Pulv. opii, gr. vi.

Pulv. g. guaiac., 3 i.

M. ft. Pil. xxiv.



Of these pills one was ordered to be taken morning and evening. When cutaneous eruption was a prominent feature of the affection, the comp. fluid ext. of sarsaparilla,\* was added to the treatment, and the patient ordered a warm bath every evening. Under this treatment all the symptoms speedily subside, and a permanent cure is usually accomplished in from one to two months.

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**TREATMENT OF LEUCORRHŒA.**—Pathologists differ as to the seat of this affection. While some have considered it located in the vagina, others regarded the uterus as the principal organ diseased. More recently, however, better views prevail on the subject, and the vagina and uterus are both acknowledged to be the seat of leucorrhœa, either separately or conjointly.—The particular organ affected, as we conceive, furnishes the indications as to the proper treatment to be adopted. The very common practice of resorting to *astringent injections*, indiscriminately, leads the physician into very empirical and often highly injudicious measures. In that variety which attacks alone the vagina, this course may prove successful, and indeed we may affirm, that injections can seldom be omitted with propriety. But in the second variety, where the disease attacks the uterus, and constitutional symptoms supervene, astringent injections are not only ineffectual but positively injurious. The two varieties of disease may be readily distinguished by many symptoms, which we cannot advert to now, but perhaps none more than the constitutional and local tendency. When the vagina alone is implicated in the disease, the symptoms are local, or not manifesting specific constitutional affections, further than general debility. On the contrary, however, when the uterus becomes the seat of irritation, in addition to local symptoms, constitutional derangements become evident, and often most distressing. Hence the obvious necessity of distinguishing between the two varieties.

In that form of the disease attacking the uterus, we have found

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\* The preparation usually imported into the western country, and sold in the shops under the name of sarsaparilla, we have found almost inert, consisting, apparently, of little more than syrup with some essential oils.

the *Hæmatoxylon campeachianum* a most valuable medicine. It is administered in the form of decoction, of which a wine glass full may be given, about once in six hours, until decided effects are produced. The medicine rapidly diminishes the leucorrhœal discharge, and relieves all the distressing symptoms incidental to that affection. Pains in the loins, and region of the uterus, resembling those of labor, are often produced, indicating most unequivocally its specific action on the uterine system. In addition to this treatment, we usually apply a blister to the sacrum, as recommended by Dr. Churchill, which will be found singularly beneficial. Dr. Churchill recommended the hæmatoxylon in this disease, and we are fully satisfied, by repeated trials, of its great curative powers. Attention must be paid to the general state of the system during this treatment. We have adopted this course in a number of instances, and succeeded in effecting a speedy cure when other means had entirely failed.

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**SECALE CORNUTUM.**—Notwithstanding this article has been in constant use for half a century, and, as a general remark, given with a view to its parturient action upon the uterus, still much contradictory testimony exists in relation to its effect upon the system, and the most judicious mode of exhibition. Many practitioners administer ergot very frequently, and, as they affirm, with the most certain and beneficial results; others are of opinion, from similar practical observations, that it exerts a most pernicious influence, both upon the mother and child—especially the latter; while another class deny any sensible action whatever upon the uterine system. Many intelligent accoucheurs, after repeated trials, have satisfied themselves that ergot exerts no ecbotic influence under any circumstances, and that it uniformly disappoints the expectations of the practitioner.

We are satisfied that this contradictory testimony arises from two circumstances. 1st. The employment of an inert preparation: 2d. administering it in an improper form.

Ergot is an article which speedily loses its medicinal virtues—at least its ecbotic powers—by age, more especially if it is pulverized; hence, the indispensable necessity of obtaining a re-

cent article, and carefully preserving it without pulverizing, and free from exposure to light and air, until the time of its administration. If these precautions are not attended to, disappointment will follow its administration.

In the next place, it is of equal importance to employ a proper pharmaceutical preparation. We presume that much error exists on this point. Prof. Hooker, of Yale College, ascertained that, by evaporating an ethereal tincture of ergot, a small quantity of thick oily substance, resembling fish oil, remained in the bottom of the vessel, and *above* this was a much larger amount of a light, reddish-brown oil, of a sweet, nauseous taste. This light oil was found to manifest *narcotic*, and *sedative* properties, reducing the action of the pulse, and acting decidedly on the nervous system. When ergot is taken in substance, the *narcotic* with the *ecbolic* properties are received, and injurious effects may very readily happen, both to parent and child. If, however, we employ an infusion or decoction, the narcotic oil being insoluble in water, will be left in the residuum, and only the parturient property of the medicine will be exhibited. If therefore, recent ergot be prepared, by infusion or decoction, in the proportion of 3 i. to 3 iv. of water, and one or two ounces administered at proper intervals, the practitioner will seldom be disappointed in his expectations.

This subject was brought to our mind by witnessing a case recently, in which the effects of *secale cornutum* were most signally displayed. A lady had been in labor five days; but, owing to inefficient uterine contraction, delivery was not effected. The case was complicated with hæmorrhage at the recurrence of each pain, which adding greatly to the exhaustion, speedy delivery became desirable. The *os uteri* was partly dilated, soft and yielding, and all the soft parts in a favorable condition for delivery. Under these circumstances, two ounces of the decoction of ergot were administered, and in fifteen minutes active contraction came on, which continued until the *fœtus* was expelled, which occurred just thirty-five minutes after the administration of the medicine. Thus a labor was terminated in thirty-five minutes, which, probably might have lasted as many hours.



It is not improbable that one source of failure in administering the powder arises from the narcotic *counteracting* the ec-bolic powers. The great sedation which is produced by the narcotic property of ergot, depressing the energies of the nervous and muscular systems, would, we apprehend, be quite sufficient to destroy, in many instances, the parturient action of the medicine. Consequently, injurious effects would certainly follow, proportioned to the amount administered, and the constitutional peculiarities of the patient.

**HYDRIODATE OF POTASSA IN CEREBRAL DISEASE.**—A case is related by Dr. Roeser, originally extracted from Hufeland's Journal, in which effusion had evidently taken place in the brain, and resisting all ordinary modes of treatment, it was determined to use large doses of hydriodate of potassa. Under this treatment the child rapidly recovered.

A case occurred to us which in part illustrates the same views.—A child ten years old, had been laboring under fever for two weeks, without any regular treatment, when we were called to prescribe. Inflammation of the brain, of a sub-acute character, evidently existed, evinced by fever, pain in the head, contraction of the pupils, and constant delirium. Local bleeding, mercurial purgatives and blistering, reduced the febrile symptoms, but the patient immediately became comatose, with dilated pupils, cool skin, and some spasmodic action. Mercury, and epispastics were principally relied on, but failed to produce relief. The following preparation was ordered, while all other medicines were suspended:—

R. Hydriod. Potass., ʒi.

Ext. Sarsaparil. Comp., ʒi. M.

Fifteen drops to be given every three hours. No visible effect was produced until the expiration of two days, when the coma began sensibly to abate, and the improvement gradually progressed until the patient recovered.

Roeser gave the medicine in much larger doses. The following is his prescription:—

R. Hydriod. Potass., ʒi.

Aq. distill., ʒss. M.

Dose, for a child two and a half years old, thirty drops every hour.

ART. VI.—*Case of Febres Intermittentes Larvatæ*.—*Treated with Chinioidine*—By AUGUSTUS EBERLE, M. D., of Utica, Indiana.

October 23d, 1841, was called to see Pardon Smith, æt. 10, of bilious temperament, and found him laboring under this disease of the double tertian type; the paroxysm occurring on the odd day at 10 o'clock, and on the even day at 3, P. M.; tongue inclined to redness, and the bowels open,—had taken some sub. mur. hydrar. and oleum ricini the day before.

The pain, which was seated in the left iliac region, was of the most distressing nature, being so severe that he could be heard some distance from the house when he was forced to scream by the agony he endured. This pain came on gradually with the chill, which of itself was very severe. Directed the following powder to be given immediately.

R. Sub. Mur. Hydrar., grs. x. Pulv. Doveri, grs. v. M.

To be followed in three hours with a large dose of oleum ricini, and to take one of the following pills morning, noon, and night:—

R. Pulv. Chinioidine, grs. ii.

Pulv. Piper Niger, gr. 4.

Pulv. Zingiberis, gr. 4.

Gave strict orders as to his diet.

24th. Arrived at the house just as the chill was commencing; ordered pulv. ipecac. ʒi.; aqua bullientes, ʒi., of which gave a large tea-spoonful every 15 minutes, which completely checked the chill.

Continued the pills, and ordered a large dose of oleum ricini to be given at night. Tongue and bowels much improved.

25th. Called to see the patient at the hour the chill should have come on, and found that he missed it. Continued the pills, with attention to diet.

26th. Missed chill—skin clear, and tongue natural—rested well through the day and night. Continued pills.

27th. Discharged the patient, with orders to take one of the above pills morning and night for two days.

The above article, chinioidine, I have used in two other cases of this disease, where its effects were prompt and decided.

## BIBLIOGRAPHICAL NOTICES.

ART. VII.—*Practice of Medicine; or a Treatise on Special Pathology and Therapeutics.*—By ROBLEY DUNGLISON, M. D., Professor of the Institutes of Medicine, &c. in Jefferson Medical College, Philadelphia; Lecturer on Clinical Medicine, and Attending Physician at the Philadelphia Hospital, &c., &c. Philadelphia, Lea & Blanchard, 1842. 2 vols. pp. 572. 750.

This is a work which must at once demand a respectful consideration from the profession, emanating as it does from one of the most learned and indefatigable physicians of our country. Professor Dunglison is a native of England, and came to this country, at the solicitation of President Jefferson, to fill a chair in the Medical Department of the University of Virginia. Since which time, he has occupied professorships in the University of Maryland, and Jefferson Medical College, Philadelphia. The various distinguished stations he has filled, afforded unusual facilities for acquiring accurate information in the departments of Special Pathology and Therapeutics. Professor D. has been a practitioner of medicine for more than twenty years in Europe and America, and has consequently enjoyed the most ample opportunities for collecting and preserving materials for a work on Theory and Practice.

In the work before us, Professor D. does not aim at *originality*; and this, indeed, we may rather consider as a recommendation than a fault; as it is too often the case, that original productions consist not really of improvements, but of peculiar *dogmas*, which the authors esteem it their especial duty to palm upon the public as something exceedingly valuable.

In the book under consideration, the author does not attempt to rely upon his own resources, however ample they may be, but he has drawn largely from all the materials within his reach, and has incorporated all, that is valuable on the subject, in a comparatively condensed form.

The first volume is made up of

1. *Diseases of the alimentary canal.*—Embracing the various affections of the mouth, teeth, gums, pharynx, oesophagus, stomach, intestines, and peritoneum.

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2. *Diseases of the Respiratory organs.*—Embracing derangements of the larynx, trachea, bronchia, lungs, and pleura ; to which is added a chapter on asphyxia.

3. *Diseases of the Circulatory Apparatus.*—Which includes morbid conditions of the blood, of the heart and its membranes, arteries and veins.

4. *Diseases of the Glandiform Ganglions.*—Treating of affections of the spleen, thyroid gland, thymus gland, suprarenal capsules, and diseases of the mesenteric glands.

Volume second is made up of

5. *Diseases of the Glandular organs.*—Including diseases of the salivary glands, pancreas, biliary apparatus, urinary apparatus, and skin.

6. *Diseases of the Nervous System.*—Which includes organic diseases of the nervous centres, the neuroses and other affections of the nervous system.

7. *Diseases of the Organs of Sense.*—Embracing those of the eye and ear.

8. *Diseases of the organs of Reproduction.*—Which treats of diseases of the male and female organs of generation.

9. *Diseases involving various organs.*—Which includes fever in its various and complicated forms ; to which is added, in conclusion, a chapter on cachexiæ.

This arrangement will recommend itself to the favorable consideration of all, for simplicity and comprehensiveness. We have no space to go into details, and, therefore, conclude by saying, that although isolated defects might be pointed out, yet as a *whole*, we cheerfully recommend it to the profession; as embracing much important matter which cannot easily be obtained from any other source.

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ART. VIII.—*The Principles and Practice of Obstetric Medicine and Surgery, in reference to the process of Parturition.* Illustrated by one hundred and forty-two figures. By FRANCIS H. RAMSBOTHAM, M. D., Consulting Physician in Obstetric cases to, and Lecturer on Obstetric and Forensic Medicine at, the London Hospital, &c. First American edition, with revisions. Philadelphia, Lea & Blanchard, 1842, royal 8vo. pp. 458.

The author of this work has devoted himself with much assi-

duity to the cultivation of obstetric medicine. Having been early instructed by his father, John Ramsbotham, lecturer on Obstetrics at the London Hospital, in the true principles of this branch of his profession, he imbibed an enthusiastic desire for knowledge, which has resulted in the promotion of science and individual elevation. The first subject treated of is the *salient point* in practical obstetrics—the natural conformation of the pelvis. To this follows an accurate description of the fœtal head, and its adaptation to the various dimensions of the pelvis; and as the student has now acquired the *natural* relation of the head to the pelvis, he is next presented with the various deformities to which the parts are subject. Having completed these subjects, the author describes the external and internal organs of generation, and the gravid uterus. Labors next engages attention, which are divided into *natural, difficult, preternatural* and *complex*. *Difficult* labor is subdivided into *lingering* and *instrumental*; *Preternatural* embraces all the deviations from natural presentations. Complex labors include all complications which cannot be referred to either of the preceding divisions. No studied effort is made to introduce a systematic arrangement, but the subjects are presented in a natural succession, perhaps the very order which would first occur to the mind of the student, were he left uninfluenced by artificial classifications. The work is composed in a plain comprehensive style, admirably adapted to scientific subjects, and is neither extended into unnecessary detail, nor improperly abridged by reprehensible brevity. All the points are treated with reference to their practical bearings, and a peculiar minuteness in that respect, adds to the work an unusual value.

The various descriptions are accompanied by one hundred and forty-two engravings, most admirably illustrating the subjects to which they relate. These figures are of immense value to the student—for whom, indeed, the work is designed—conveying to the mind clear and accurate views with comparatively little mental effort. The work is eminently entitled to the patronage of the profession.

ART. IX.—*A Circular Letter to the Physicians of Kentucky.*  
Maysville, Ky., Lewis Collins, 1842. pp. 12.

This Circular was written in conformity to the following resolution, offered by Dr. Linton, to the State Medical Convention of Kentucky, and unanimously adopted :

“ *Resolved*, That the interests of the medical profession, and of the public in general, would be promoted by the establishment of a board of examining physicians, who shall meet annually for the purpose of conferring diplomas on all candidates who may be found worthy upon a rigorous examination.”

Drs. Linton, Duke, Bennet and Burnet, were appointed to prepare a Circular to the physicians of the state.

After some preliminary matter, the committee, on page fourth, thus set forth their views :

“ What will best promote our interests and respectability as a profession ? Our recipe is short and simple, but the facts and arguments by which its efficiency is sustained, are ample and cogent. Establish a board of physicians and surgeons, empowered as indicated in our resolutions, and let this board or college be sworn to require a higher degree of qualification than has hitherto been required in the state, and we might say in the United States. \* \* \* \* \*

“ Now the immediate result of the establishment of such a board, would be to throw medical teaching, in a great measure, into the hands of the practitioners throughout the state, and the result of this again would be that every physician in the state would exert himself to become qualified to discharge the duties of a medical instructor.”

The committee proceed to argue, that materia medica, and practice of medicine can be quite as well taught by the private instructor as in medical schools, but add :

“ We are free to admit that the remarks we have made in regard to the greater number of the branches of medicine, do not so well apply to chemistry, anatomy, and surgery. The former is not necessary in a great degree to the qualification of skilful physicians and surgeons.” They also entertain a doubt as to the ability of many to teach anatomy and surgery, but think this board would be an incentive to study, and many



teachers would spring up. Some strictures are added on the usual modes of teaching, in which it is argued that a few could be better taught than many. If we understand the proposition clearly, it is not designed to supercede *entirely* the medical schools of the state, but rather to constitute the practitioners and a central board, a sort of co-ordinate branch, competent themselves to confer degrees, not requiring the candidates to have attended lectures, or to pay any fee.

The propositions contained in this Circular, if adopted, would very evidently, simplify the intricacies of medical education, and render the acquisition of a diploma comparatively free from many of the present embarrassments. But the grand object of the proposed measure is to *elevate* the profession in attainments and respectability. How this can be accomplished by the means indicated, without some modification, we cannot so well perceive—how the acknowledged difficulties connected with chemistry, anatomy and surgery, can be satisfactorily disposed of, is a contingency unexplained. Our object, however, is not to criticise, and if our brethren of Kentucky can, by this measure, aid the progress of medical science, we bid them persevere.

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ART. X.—*Proceedings of the Physiological Temperance Society of the Medical Institute of Louisville.*

A pamphlet of sixteen pages has been published, setting forth the origin and proceedings of the above named association. The proceedings of the society embrace two months, during which time a charter has been granted by the legislature of Kentucky, four lectures, a report and valedictory delivered, and one hundred and thirty-seven pupils of the Institute become members. Professor Drake is president of the Society, whose talents and influence will impart an impulse to the cause of temperance of the most durable character.

Investigations of the physiology and pathology of drunkenness will supply a deficiency which has materially retarded the progress of the great reformation that has been going on throughout the world. We hope the profession *generally* will bestow on this subject the attention it so justly merits.

## MISCELLANEOUS SELECTONS AND INTELLIGENCE.

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1. *Sounds of the Heart.*—[The peculiar sounds emitted by the action of the heart has been the subject of frequent investigations, and given rise to great diversity of opinions. Some physiologists suppose they are produced by mechanical impulse of the heart against the parietes of the chest; others that the contractions and relaxations of the auricles and ventricles give rise to the phenomena; and a third opinion refers the first sound to contraction of the ventricles, and the second to the blood flowing back upon the semi-lunar valves. Another supposition was, that the first sound, occurring simultaneously with the contraction of the auricles, resulted from the blood rapidly dilating the ventricles and impinging against its walls opposite the auriculo-ventricular orifice; and the second sound, being emitted when the auricles dilate, was attributed to the blood flowing rapidly in from the venous trunks, and forcibly striking against the parietes of the organ. The most common opinion now, is that the first sound is produced by a combination of auricular contraction, flapping of the auriculo-ventricular valves, and muscular contraction of the ventricles; and the second is caused by regurgitation of the blood upon the semi-lunar valves.

Some additional explanations have recently been offered by M. Cruveilhier, who presents the history of a highly interesting case of malformation. The subject was an infant, in whom an opening existed in the upper part of the sternum, sufficiently large to allow the heart to escape, which was found actually exterior to the chest. A great variety of experiments instituted on the organ thus exposed resulted in the following conclusions.—*Editor Lancet.*]

“*General Conclusions.*—From the preceding observations, it appears to me rational to infer that the two sounds of the heart have their seat at the origin of the pulmonary artery and aorta, and their cause in the clacking of the sigmoid valves; that the first sound, which coincides with the systole of the ventricles and with the dilatation of the arteries, is the result of the

elevation or replacement of the sigmoid valves, (du redressement des valvules sigmoïdes, préalablement abaissées;) and that the second sound, which coincides with the diastole of the ventricles and with the contraction of the auricles, is the result of the closing together of the same valves folded back by the retrograde wave of blood. On the one hand, the simplicity of this theory, and the ready and natural explanation which it gives of all the facts with which I am acquainted, may be adduced as a proof of its truth; and, on the other hand, the considerations into which I have entered seem to me to have all the weight of a rigorous and direct demonstration. The circumstance of not being able to perceive the first sound with the finger placed in the manner of a stethoscope around the orifices of the aorta and pulmonary artery is by no means a peremptory argument against the doctrine now proposed; for it is of almost daily occurrence that we find that the ordinary stethoscope does not communicate to the ear either the sounds of the heart or those of respiration, when they are very feeble. In conclusion, may we not assert that the first sound must have its seat at the sigmoid valves, from the mere circumstance that its seat is not elsewhere?—*Med. Chirurg. Rev., from the Gazette Medicale.*

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## 2. *New Method of Reduction for Dislocation of the Hip.*—

In the Dublin Hospital Reports for September, 1841, the new method of M. Colombot for reducing dislocations of the hip was tried. The following is the process:

“The patient was placed standing, and instructed to bend the trunk forwards, so as to support the thorax on a table, the opposite end of which he grasped with his hands. Mr. Williams now standing on the outer side of the affected limb, bent the leg at a right angle with the thigh, grasping the dorsum of the foot with the right hand, while with the left hand placed at the upper and posterior part of the leg, he exerted a gentle and continued pressure, in which he was aided by the hand of an assistant, placed on his own and at the same time attempted to dislodge the head of the bone, by directing the thigh somewhat forwards and inwards. After a short time the head of the femur was found to have descended so considerably on the dorsum of the ilium, that it was estimated to be nearly on a level with the acetabulum. The thigh was now suddenly rotated outward, but it was found that the dislocation was not reduced.”



This attempt having failed, Mr. Williams resolved to try the same method in another instance. In the next effort the above mode of extension was persevered in for three minutes, when, by suddenly rotating the limb outward, reduction was accomplished. In these cases the dislocation was on the dorsum of the ilium.

3. *Clinical Remarks of Dr. Marshall Hall on the use of Setons.*—Many years ago, I was consulted by Mr. Doubleday, of Blackfriars Road, in the case of a young married lady, who had suffered from peritonitis after her first accouchment.

This peritonitis appeared to be confined to the pelvic region. Its acute character had been subdued, but tenderness with tumidity, and difficulty in voiding the bladder and rectum remained. I made a careful examination. A distinct hardness was felt under the pubes, extending to one side, I think the left. On examination per vaginam and per rectum, a similar hardness was found occupying the lower part of the pelvis. I imagined this hardness to consist in coagulable lymph, effused from the inflamed peritoneal surfaces of the pelvis, producing the symptoms by its pressure on the neck of the bladder, and on the rectum.

We strictly regulated the diet and the intestines, and inserted an ample seton over the induration. Slowly and gradually that induration, with its attendant symptoms, became diminished, and eventually disappeared.

Several years after this, I was consulted in the case of the sister-in-law of this patient, under very nearly similar circumstances. The same remedy was followed by the same happy result.

A year ago I was consulted by Mr. Burford, in the case of a gentleman of sixty, who had become affected with pain, tenderness, and tumidity of the abdomen. On a careful examination, a distinct hardness was felt, in the midst of the general tumidity, occupying the region of the caput cœcum coli. We regulated the diet and the bowels, administered mercury, and inserted an ample seton. The mouth became affected, and the seton discharged copiously: the hardness and the other symptoms gradually, but at length, entirely disappeared.

A similar case occurred a year ago, in the person of a gentleman of forty, a patient of Mr. Squibb, in Orchard street. A strict regimen was enjoined, the bowels regulated, and an ample seton was inserted. The induration, which in this case occupied the space between the false ribs and the ilium, on the left side, gradually disappeared.

Two years ago, I was consulted by Mr. P——, a barrister, affected with pneumonia of the middle and upper lobes of the right lung. A seton was inserted, and Mr. P—— went to Madeira. On his return, the physical signs and the symptoms of the pneumonia had disappeared.

I have still more recently treated a case of pneumonia of the upper portion of the right lung, in consultation with Mr. Beane of Peckham. A seton was inserted, and in six weeks a most decided amendment in the physical signs, the symptoms, and the general health, occurred. Since that period, the patient has continued to improve, and now no dulness on percussion, or other sign of disease, is perceptible.

In a variety of cases of acute or chronic, local or limited internal inflammation, I have had recourse to the seton, and uniformly with the most marked success; so that I think, we may look upon the remedy as almost specific in such cases. It is unnecessary to enumerate them. But hepatitis and nephritis belong to them in an especial manner, and I would suggest this remedy as likely to be of service, (if any remedy can,) in the case of albuminous urine. In one such case the urine was more albuminous after cupping. I imagined the effect arose from mechanical violence inflicted, and recommended the cupping to be performed above and below the precise region of the kidneys. Under the use of this remedy, the albumen diminished, and even ceased for a time.

[Dr. Hall concludes from these and other cases, that the efficacy of setons in chronic inflammation is well established. He especially urges the propriety of their use, in affections of the spinal marrow giving rise to paraplegia; *issues* are considered more painful and less efficacious than setons. He is also of opinion, that counter-irritation is usually applied *too low* in paraplegia being really below the seat of disease. The setons should be larger than usual—three-fourths of an inch in breadth, and extend through two inches in length. Of these, four or six, according to circumstances, should be inserted, two or three on each side. This mode of treatment, Dr. Hall thinks, will prove most satisfactory in paraplegia.—*Ed. Lancet.*]

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4. *Treatment of Chlorosis.*—A most grave error Dr. ASH-WELL conceives is too often committed, by considering chlorosis a local and not a constitutional disease; and ignorant practitioners, from the untimely use of drastic emmenagogues, have, he remarks, yet further reduced the already enfeebled powers, and

facilitated the advent of pulmonary disease. The author deplores, in common with every medical man of proper feelings, the prevalent faulty notions on the subject of physical female education, leading as they do to the production of so many serious and fatal diseases : he believes that, were these amended, chlorosis would become a rare disease. Alas ! many, many yet must be the victims sacrificed at the shrines of fashion and folly, ere mothers learn prudence, or fathers compel the observance of the dictates of common sense.

Our first attention must be directed to the improvement of the state of the digestive organs, for, how shall we amend the deteriorated condition of the blood, until the organs of nutrition are in a fitting state for its elimination. But here a prudent hand must guide the means ; our object is not to excite excessive purging, as a direct mode of cure, but to secure the due relief of the bowels aloes and rhubarb, sulphate of soda and manna, and, where alteratives are required, the hyd. c. creta. Mild cordials should be combined with the aperients. Warm clothing, regular exercise, and, when the state of the appetite will permit, meat diet and mild malt drink, are to be recommended. If we succeed in improving the state of the digestive organs, the general vigor is in some degree restored, and the complexion partially cleared, but the catamenia are seldom by this alone induced. Now is the appropriate period for the administration of *iron*, especially the *sulphate*, while, had this remedy been employed prior to the due regulation of the secretions of the alimentary canal, the symptoms would have become aggravated, and not relieved. Its effect, when given judiciously, is sometimes magical. In some cases the subcarbonate is better borne, and occasionally other tonics, as quinine, sarsaparilla, zinc, &c. effect the purpose.

As to *emmenagogues*, they are best employed when the pallor has become diminished, the bowels more regular, and the blood both more abundant and of richer quality. *Iron* (and especially the iodide, when the strumous diathesis is associated with chlorosis) is often alone a sufficient emmenagogue. The use of the mustard hip-bath, and of the local salt shower-bath across the loins, are excellent adjuvants. The injection of the vagina with the strong ammonia (liq. ammon. ʒj. lactis ℥j.) has proved useful in the hospital. Dr. A. has great doubts of the utility of applying leeches and cataplasms to the mammæ ; he has often seen electricity useful. Traveling, with the change of scene and of habits it necessitates, as also a visit to chalybeate waters, and a sea voyage, have often cured chlorosis. The treatment requires to be early adopted, and most perseveringly continued, perhaps for months. As the cure progresses



the diet should be improved, and the patient permitted to take mild ale or porter, or, if these are disagreeable, a little negus with her meals.—*Med. Chirurg. Rev.*, Jan. 1841.

[*Chalybeate bread*, prepared by mixing four or five grains of *lactate of iron* with every four ounces of flour, has been highly recommended in chlorosis.—*Ed. Lan.*]

5. *Use of Pitch in Piles*.—Dr. WARDLEWORTH assures us, that he has used this remedy in many cases, both of external and internal piles. His usual formula consists in ordering three and a half grains of pitch to be made into pills, two of which are to be taken every evening. The well known efficacy of balsamic remedies in piles may perhaps serve to recommend these pitch pills.—*Am. Jour. from Med. Gaz.*

[We have used the following preparation, as an external application to palliate painful hæmorrhoidal tumors, with much benefit:

|    |                  |       |             |
|----|------------------|-------|-------------|
| R. | Ext. Stramon.    | 3 ii. |             |
|    | Acet. Morph. gr. | v.    |             |
|    | Axung,           | 3i.   | M. ft. ung. |

To be applied three or four times in twenty-four hours, according to circumstances.—*Ed. Lan.*]

6. *Steatoma of the Scalp*.—Encysted tumors denominated by the common people “wens,” which appear on the scalp, eyelids, or any part of the face. The contents of the cysts are of various degrees of consistence, and are distinguished accordingly as *meliceris*, *caseous*, etc. The proper plan of removing tumors of this description, is to cut through the centre of the tumor, and then, with a pair of forceps, “twich” out the cyst, which you can do as readily as you separate the lamellæ of an onion. In the eyelids, however, it is necessary to dissect round the sac.—*Mott’s Lectures*—*N. Y. Lancet*.

7. *Solvents for Urinary Calculous Concretions*.—Dr. Ure has published in the *Pharmaceutical Transactions*, some highly interesting experiments on the best solvents for uric acid concretions, from which the following facts are collected.

One grain of chrystalized carbonate of soda, dissolved in an ounce of distilled water, took up one grain of uric acid, one

grain of carbonate of potash, 1.4 ; one grain of borax, 1.2 ; one of chrystalized borate of potash, 1.2. An excess of carbonic acid diminishes the solvent power of the alkali.

Dr. Ure infers from his numerous experiments, that those salts most natural to the system, as potash, especially its carbonate, should be preferred. Borate of potash presents advantages on account of any precipitate that may be formed being immediately redissolved by a slight excess of water. Hence, the boro-tartrate of potash is the most efficient preparation, as the tartrate is changed to carbonate while passing through the circulation, and the borate remains unchanged, thus ensuring the conjoint action of the salts. This triple salt should be dissolved in any simple aqueous vehicle, and exhibited in small and frequently repeated doses ; and at the same time inject into the bladder a weak solution of borate of soda or potash.

Dr. Ure thinks the preparations of soda objectionable, on account of their tendency to decomposition when brought in contact with uric acid, and an insoluble *urate of soda* resulting.

It is the design of Dr. U. to institute experiments in relation to the action of *lactic acid* on the phosphatic urinary concretions, the results of which he promises to make public.

Dr. Petit, in the *British and Foreign Review*, states that he has successfully employed the Vichy water as a solvent for urinary calculi. In one instance the stone was ascertained, by Civiale and others, to be 13, 14, and 15 lines in diameter. The treatment consisted in taking from 12 to 15 glasses of Vichy water daily, with a stream thrown into the bladder several times, and a bath once each day. The treatment commenced on the 23d of June, and on the 18th of September following the man was sent back to Paris free from stone.

The Vichy water is a tepid spring in France, containing bicarbonate of soda, as well as chalybeate properties.—*Ed. Lan.*

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8. *Kreosote in Affections of the Eye*.—Mr. G. T. Black, of Bristol, states that he has employed a lotion of kreosote in inflammation of the conjunctiva, and also an ointment of the same in ophthalmia tarsi, with great advantage. The following is his formula for the lotion.—R. Kreosote, gtt. iii.; Tinct. Lavend. Comp., gtt. xx.; Aq. distil., 3 ss. M.—*Lancet.*

We have employed this lotion and the ointment in a few cases, but without any very striking results. Mr. B. does not point out the particular conditions to which the remedy is suited.—*Am. Jour.*

9. *Conium and Opium*.—The following comparative view of the respective effects of conium and opium, is from a paper in the *Med. Bot. Trans.*, vol. 1, pt. 4, by Mr. Judd :

| CONIUM.                                                      | OPIUM.                                                                   |
|--------------------------------------------------------------|--------------------------------------------------------------------------|
| Brain unnaturally free from blood ; ventricles almost dry.   | Brain gorged with blood ; ventricles full of serum.                      |
| Lungs empty of blood.                                        | Lungs so full of blood, that it runs out in a stream on their being cut. |
| Villous coat of the stomach and esophagus, white.            | Villous coat and esophagus red.                                          |
| Right side of the heart gorged with blood ; left side empty. | The heart's cavities all contain blood.                                  |
| Heart dead to stimuli.                                       | Unknown whether so or not.                                               |
| Intestines active and white.                                 | Intestines inactive, red and inflamed.                                   |
| Blood dark and fluid in both veins and arteries.             | Blood at times, but not always, fluid.                                   |
| Death of the arteries.                                       | Death, as I conclude from the other symptoms, of the brain.              |

From his comparative experiments with the two drugs, Mr. J. doubts whether conium ever produces sleep, as opium does, by rendering the vessels of the brain turgid. From the power displayed in his experiments by conium, in lessening the quantity of blood sent to the brain and spinal cord, and also in lessening the force of the heart's action, Mr. J. concludes that it may be a valuable remedy in hypertrophy of the heart, in phrenitis and in inflammation of the spinal marrow. The experiment is worth trying.—*N. Y. Med. Gaz.*

10. *New Local Application to Erysipelas*.—M. Velpeau has employed, he says, with advantage, in the treatment of erysipelas, the sulphate of iron as an application to the inflamed part. He has used it both in solution and in ointment. The former is prepared by dissolving an ounce of the salt in a pint of water ; the latter by rubbing up a drachm of the salt in an ounce of lard. M. V. says that the former exerts most control over the inflammation, generally subduing it in two days.—*Am. Jour.*, from *La Lan. Franc.*



# THE WESTERN LANCET.

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CINCINNATI, MAY, 1842.  
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We present to the profession the first number of the LANCET, and accompany the offering with a brief exposition of its principles and objects. Uninfluenced by sectional or party interests, and free from the debasing effects of *clique* government, we will in all sincerity endeavor to promote harmony and unity of action, and never permit our journal to become a medium for conveying off the *debris* of personal collisions. We claim to be an honest and devoted member of that great branch of the human family, whose days are spent in mental and physical exertions to ameliorate the anguish of their fellow beings, and whose sleepless nights form but a counterpart to the same scenes of toil; and so long as the light of reason shall illumine our path, and the tide of destiny roll harmless by, so long will we candidly and fearlessly endeavor to defend our common interests, and expose common evils.

The LANCET is designed to be essentially *practical*. Abstract speculations and obscure theories will be sedulously avoided, while true principles, leading to practical conclusions, which will exclude empiricism and establish rational deductions, will be carefully cultivated. For these purposes, we solicit from the profession contributions, and hope they will select from the vast amount of materials within their reach, such facts as will essentially aid our enterprise.

Through the kindness of the distinguished gentlemen who have, *ex officio*, control of the Commercial Hospital, we expect to present an interesting *clinique* of medical and surgical cases. Our readers will also be regularly informed of all important improvements, foreign and American.

We have entered upon the enterprise with a full understanding of the labor, perplexity and responsibility, inseparably connected with a medical periodical ; but at the same time, with a fixed resolution that the Journal shall be made worthy the patronage of an intelligent profession, and that our efforts shall not be relaxed, until it rests upon a permanent and sure foundation.

Such arrangements have been consummated for publishing as will insure the uninterrupted appearance of the work throughout the year.

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#### OUR FIRST NUMBER.

We take the liberty of forwarding the first number of the LANCET to some physicians who have not yet become subscribers. We adopt this course for the purpose of placing the work before them at an early period, and ask for it a careful examination. Those who approve our efforts, and are willing to extend their patronage to the work, will retain the number received ; otherwise, they are requested to remail it to the editor. All those who do not return the journal will be considered as subscribers, and the succeeding numbers forwarded accordingly.

It is hoped the arrangement adopted will prove satisfactory, as the many difficulties connected with the commencement of a periodical leave this the only available course.

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#### MONTHLY RECORD.

We would suggest to our correspondents in the country and city the propriety of keeping a monthly or quarterly record of the particular forms of disease that may come under their notice, with the treatment that proved most successful. This course, which would be quite as valuable as Louis' *numerical method*, would soon present a mass of most valuable practical matter, and at the same time cultivate a habit of accurate observation. We trust our friends will act on this suggestion, and furnish the results for publication.

## MEDICAL CONVENTION OF OHIO.

The fifth regular session of this convention will be held in the city of Cincinnati, on Monday, the 16th of May. The meetings of the convention have heretofore proved highly advantageous to the profession, not only in promoting personal and social friendship, but also in essentially aiding the progress of medical science. The ensuing meeting it is expected will be unusually interesting, and it is confidently anticipated that a numerous delegation will be present. Many interesting papers will be read before the convention.

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## SUMMER COURSE OF LECTURES.

The CINCINNATI INSTITUTE is now in regular operation, and will continue until the last of October, with a short intermission during the hot season. Lectures are delivered on anatomy, physiology, surgery, theory and practice, obstetrics, materia medica, and auscultation and diseases of the heart and lungs. Clinical lectures are also delivered at the Commercial Hospital by Professors in the Medical College of Ohio.

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J. P. Kirtland, M. D., Professor of Theory and Practice in the Medical College of Ohio, has resigned; and subsequently accepted the same chair in the Willoughby Medical School.

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## MEDICAL COLLEGE OF OHIO:

The chair of Theory and Practice in this institution having become vacant by the resignation of Professor Kirtland, the trustees, we perceive, have given notice in the public newspapers, that no appointment will be made prior to the fifteenth of June next, and that application should be made to D. K. Este, Esq., President of the Board.



# THE WESTERN LANCET.

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VOL. I.

Cincinnati, June, 1842.

No. 2.

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## ORIGINAL COMMUNICATIONS.

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ART. I.—*On the Evacuant Indication of Treatment.*—By  
JOHN P. HARRISON, M. D., Professor of Materia Medica in  
the Medical College of Ohio.

No scheme of practice is more popular, in, as well as out of, the profession, than that of evacuation. In our own country, and with still greater appropriateness will the remark apply to the West, there exists an earnestness of feeling on the subject of taking physic, derived in part from the nature of our diseases, but, in a more special degree, having its origin in the character of the people. The people love strong measures in the management of the sick. Now this general prepossession, and prevalent taste, for prominent and decided modes of medical procedure, on the part of the sick, and of their friends, have exercised, we conceive, a disturbing influence, on the calm judgment of many an enlightened practitioner. And this often expressed predilection for energetic practice, every day misleads those not well grounded in the principles of medicine, to adopt and prosecute an exclusive evacuant plan of treatment. Nor can we, with justice, deny the general success which crowns this mode of conducting the treatment of our ordinary forms of febrile and inflammatory diseases. The three great evacuant methods, bleeding, purging and vomiting, are in such universal demand, that they may be said to constitute the prin-

cial weapons of medical warfare with disease. We conceive that there are two influential considerations which operate to the perpetuation of this great attachment to the evacuant practice among us. The first cause operating to this result is the extreme simplicity of this plan of treating disease. The second motive which sways the popular and professional mind, is the general success which accompanies the prosecution of this mode of medication. There is a peculiar fascination which takes possession of the mind, in the contemplation of great and diversified effects flowing from a simple and easily comprehended causation. And when we not only speculatively regard at a distance such results as consecutive and dependent upon such simplicity of causation, but are made participants in the production of the effects by wielding the means of their creation, our thoughts are captivated, and, unconsciously, we surrender ourselves up to the power of that spell which chains us to their reiterated employment. Abstract theories in medicine, such as those of Brown, are exceedingly captivating from the facility with which they are seized and kept by the mind, and for their ready command in the solution of a great variety of difficult problems in the pathology of disease. But when we go forth on the errands of professional life, and are called to contend with those morbid actions which we have hitherto only contemplated in perspective, through a favorite theory, we are obliged to "reason from what we know," and treat diseases as we have been accustomed to speculate on them. Moulded by the plastic hand of genius, such theories take captive the less thoughtful and the inexperienced. But they hold possession of minds which are not alive to the testimony of their own observation, and which will not derive instruction from the disappointments of their own experience. Great as the supremacy of distinguished teachers in medicine is, in giving direction to the views entertained by the profession on the principles and practice of medicine, yet we cannot admit that the general predilection for strong measures of depletion, so popular among us, is attributable to the dicta of any theoretical expounder of the nature of diseases, and of their methods of cure. We believe that the simplicity of the evacuant plan has exercised a

considerable weight of authority, and that the ease with which the means and instruments of depletion are wielded, with the observed rapid results springing from their application, have contributed, in part, to their universal adoption in the practice of medicine. But, whilst this admission is made, let us not overlook another still more operative influence which has been at work to the effectuation of this end. The general success of the evacuant plan has largely contributed to its popularity and adoption. And yet there is no earthly good without its accompanying evils, besetting and traversing the path of its beneficent action. Some evils of magnitude attach to the too exclusive evacuant plan of practice, which we shall endeavor to particularize in this general disquisition on the indication of cure derived from evacuation.

We shall, in order, take up and discuss the following propositions:

1st. The pathological states which demand the use of evacuants.

2d. Means for the fulfilment of the indication of cure by evacuation; the modes by which our remedies produce the curative results, designed in their institution.

3d. The limits to the useful agency of our means of depletion.

4th. The symptoms which point out the propriety of employing evacuants.

1. The pathological states which demand the use of evacuants.

The great importance of the vascular system in the animal economy is now so fully recognized by physicians, that we wonder at the utter incapacity of ancient practitioners to form correct ideas of morbid action, from their profound ignorance of the circulation. And yet, guided by observation, Hippocrates and his followers have transmitted to us many sagacious reflections on the diagnosis and prognosis of disease. But medicine never attained to the dignity and certainty of an inductive science till Harvey made known his brilliant discovery of the circulation of the blood. Now all admit the transcendent importance of the sanguiferous system, in the formation of en-



lightened conceptions of the nature, seat and therapeutics of disease. A blind and self-relying empiricism will teach that many diseases are cured by blood-letting, emetics and cathartics, but as no sound principles are deduced from such experience, however great, the repetition of such practice may confirm the decisions of individual experience, but can never enlarge the empire of scientific medicine. Nor are we disposed to reject the contributions made by even the exclusive empirical practitioner, but with all such data as he may be able to furnish, there must be superadded the guiding lights of a comprehensive knowledge of the structure, relations, and uses, of the various parts of the organism, and of the functional and organic derangements to which these various parts are liable.

When, therefore, we view the animal body as an integer, made up of a complex variety of tissues, organs, and subordinate systems, we discover that two great functions preside over, and control, the health and destiny of each and every portion of the entire compages of the economy. These functions are the nervous and sanguiferous. The one the instrument of sensibility, mobility, and intellection, and the other the means of growth, reparation, and life, to every portion of the frame. With the functions, and structure of the nervous system, we have nothing to do in the present discussion. Our object is to consider the general relations of the vascular system, in special reference to its disordered and irregular modes of action.

As a whole, we may regard the circulation of the blood in two aspects: the one relating to the quantity of blood in the whole vascular system; and the other aspect referring to the local distribution of the vital fluid.

The quality of the circulating fluid at one time occupied much of the inquiries into the origin, nature, and cure of disease, but at the present day physicians are more profitably, and, therefore, more wisely, engaged in investigating that which is palpable and demonstrable. The speculative disquisitions once so fondly and generally indulged in, respecting the alterations to which the blood is subject in disease, have given place to observations on points capable of a more direct and ready verification. We profess to have no knowledge of

the changes incident to the blood in disease, further than those connected with a greater or less proportion of its constituent parts. That there may be more or less fibrine, an increase or decrease of globules, or an augmented or diminished supply of serum, we admit; but of certain mysterious alterations to which the blood is said to be liable, we never have received any demonstration, either at the bed-side, or from morbid anatomy. Such matters are transcendental, and must be left by us as vexed questions not yet settled.

Can the blood be in excess, or in a state of deficient quantity? The possibility of plethora has been denied by high authority in the profession. Dr. Clutterbuck, in his lectures on blood-letting, declares that "the very existence of plethora admits of a question, and is certainly a thing not easy of proof." The quantity of blood in the system may, continues Dr. Clutterbuck, be easily diminished; but it is not so clear that it is ever materially in excess. The effects of over stimulation have probably been mistaken, he thinks, for those of actual repletion. And he quotes Vanswieten to prove that plethora is "never of itself a disease, but only gives a predisposition to it: it is not a disease till accompanied by some disorder of functions."

Notwithstanding this weight of authority, we cannot abandon the ground that plethora has a real existence, as a ground for the erection of the therapeutic indication of depletion. Dr. Barlow, in a very elaborate and well written article on plethora, in the 3d Vol. of the *Cyclopedia of Practical Medicine*, has made a two-fold division of the subject, into absolute and relative plethora. Absolute plethora arises from a redundancy of nutriment, and its earliest effects manifest what may be termed rather exuberance of health than a state of disease. The several functions of the body are more vigorously performed, the nutrition of the various parts is more abundant, and there co-exists augmentation of bulk, especially where an inactive mode of life favors such development of size. The system, affected with this absolute plethory, is liable to febrile and inflammatory attacks. An individual, whose sanguiferous system is thus surcharged by nutritive material, treads on the very verge of a severe inflammatory affection. Not, in reality, sick; yet

the powers of life are taxed inadequately to their power of endurance, and the brain, lungs, heart, and abdominal viscera, are constantly in a state of urgent liability to be attacked with vascular fulness beyond their capacity of resistance. That such persons are subject to cerebral hæmorrhage and gout is a matter of common remark. Should there exist in any organ a special susceptibility to violent determinations of blood, as from hereditary predisposition to apoplexy, or hæmorrhage in any form, this absolute plethora is replete with danger to the continuance of health, and of even life itself.

Should no proclivity to morbid action exist in any important organ, still the persistence of this state of absolute repletion of the vascular apparatus may induce aberrations of function, in the head, lungs, and other vital parts of the frame.

The relative plethora exists in cases where, with no external evidences of vascular turgescence, there subsists a condition of the blood vessels disproportionate to the strength of the individual constitution. The redundancy here is relatively excessive, in reference to the deficient powers of the system. Absolute plethora corresponds with the *plethora ad molem, ad vasa, ad venas*, of systematic writers; and relative plethora to the *plethora ad vires*. The overloaded power which exists in absolute plethora is evinced by a sluggish circulation in the first stage of its morbid results. The florid aspect, from excessive capillary turgescence, and abundant nutrient secretion, indicates that the actions of health are on the stretch, and may soon overpass their limits and merge into disease. In this conjuncture, with perhaps no positive announcement of functional disturbance in any organ, more especially where predisposition exists to some inflammatory disease, mild measures of constitutional reduction may save the individual from much suffering. The loss of a few ounces of blood, a cathartic or two, and the withdrawal of animal food from his diet, may meet the exigency and ward off the threatened seizure. The excess of blood acts on no mechanical principle of distension, as we conceive, but on the ground of excessive stimulation to the moving powers of the circulation, goading them on to excessive activity, and by a too abundant supply of blood creating in the secreting and



excreting organs an exertion of their appropriate functions disproportioned to the measure of their capacity of endurance. Hence results a labored circulation, and an enfeeblement of the vital organs, which leads to a progressive deterioration of their functions, ultimately terminating in organic derangement.

The well fed man, with vigorous digestive powers, which readily and rapidly appropriate the nutritive matters submitted to their action, may, by a steady course of temperance in living, and by active exercise, long preserve his health, although an absolute plethora exists in his blood vessels. But if he gives himself up to vinous or spirituous potations, and sinks down into indolence, his life is jeopardized by the redundancy of blood circulating in his vessels.

The sedentary and delicate are the subjects of relative plethora. It often happens to young men, commencing a course of professional study, from excessive addictedness to their line of intellectual effort, to forego exercise, and yet indulge in their accustomed modes of living. With a relative plethora thus engendered, there arises a strong predisposition to disorder. This state of things, unless corrected, conducts to a prolonged or perhaps fatal attack of fever.

Persons of nervous, susceptible, irritable systems, should sedulously guard against a too liberal indulgence in the pleasures of the table. Relative plethora thus induced soon lays the foundation for severe inflammation of some important organ.

We have often witnessed the recurrence of fever, in cases of convalescence, from the rapid creation of this relative plethora. To the rigid observance of hygienic rules, the patient, in relative plethora, should be directed to employ some aperient or purgative medicine, to clear the alimentary canal of its focal contents, and produce a gentle reducent effect on the blood vessels. Or a small blood-letting may be found an eligible method of conducting off the excitement. Gentle emetics are conducive to the same end.

Besides these plethoric states of the general circulation, there are local conditions of the vascular apparatus, which call for the fulfilment of the evacuant indication of treatment. These topical derangements of the circulatory system are designated

by the appellatives, determination of blood, morbid accumulation of blood, local plethora, congestions, and inflammations. Three distinctly separable conditions of local vascular disorder may be recognized in our observations on disease. The first is active determination, with or without plethora of the part; the second is accumulation of blood, with or without symptoms of inflammation; and the third is inflammation, which is always accompanied or preceded by determination and accumulation of blood in the part.

Irregular determinations of blood may be produced by the following causes:—fever, local irritation, substitution of action, and passions of the mind.

It is acknowledged on all sides that, whatever be the first phenomena of fever, the general circulation is always disturbed, and that local determinations of blood obtain. These constitute invariably part of the symptomatology of fever:—excited action of the heart, and irregular determinations of the circulating fluid. Whether inflammation be always present in fever, is a point still controverted, and which, in this place, we leave without debate. Certain it is, that the flushed face, red eyes, throbbing temples, and pain in the head, denote that a determination of blood has taken place to the brain. And the rapid rush of the vital current through the carotid and vertebral arteries, in fever, mark a more than normal amount of the circulating mass in a state of passage through the encephalon. This determination to the head is more demonstrable than that which is taking place simultaneously through other vital organs. Fever may pass off by a profuse perspiration—as we see daily occurring in cases of ague and fever—and not a symptom of disease remain. Determinations of blood then may and do obtain in fever, without inflammation, and without morbid accumulation, from the rapid transit of the blood through the vessels of the organ. The brain has been selected for a more pointed exemplification of such determination, though the lungs and abdominal viscera participate in the same abnormal amount of blood passing through them, in febrile excitement.

Determinations of the circulating fluid arise from local irritation. Thus an amount of irritation which does not constitute

the first link of a veritable inflammation, is followed by an active flow of blood to the part. This we constantly behold in the application of a slight degree of heat to the skin. An irritating substance in the stomach, or any portion of the digestive tube, will create a rapid afflux of blood to the mucous membrane. Increased secretion, or a more serious result, may spring from such determination.

Tumors in the brain are apt to induce periodical convulsive movements in the voluntary muscular system. The irritation in some cases, however, creates a constant rush of blood to the organ.

Substitution of action, as in cases of suppressed hæmorrhoidal discharge, to which the constitution has become habituated, or of chronic eruption, rapidly cured, will bring on violent and dangerous determinations of blood to some contiguous or distant organ. Apoplectic attacks are threatened in cases of the first named kind, and infantile convulsions often arise from the latter.

When an organ has been accustomed to copious secretions, or is in a state of intense secretory action, and its activity of function is suddenly checked, sudden and aggravated determinations of blood often come on. Thus if the lining membrane of the bronchial tubes has been long habituated to secrete large quantities of mucus, which is discharged by copious expectoration, has this secretory action checked, immediate embarrassment of breathing arises from the amount of blood actively determined to the bronchial ramifications and air cells. The sudden suppression of an urgent mercurial salivation has brought on irregular determinations to the brain. A diarrhœa to which the system has been long accustomed, if suddenly arrested may induce a dangerous determination of blood to the brain, lungs, or liver.

Transference of morbid action will produce a determination of blood to an important organ, which may overwhelm its vital power. Gout, receding suddenly from the extremities, will sometimes attack the lungs, stomach, or brain. Derivation of action witnessed frequently in diseases, is often imitated by the physician. This therapeutic process depends upon determina-



tion of blood being reduced by our remedial means. Thus, we purge to derive blood from the brain, and determine it to the abdominal circulation.

Extension of action is exemplified in cases of threatened abortion; if the bowels are operated on by purgative medicine there is an increased liability of the event taking place. Aloetic cathartics are administered in amenorrhœa to stimulate the lower bowels, and thus determine an extended action to the uterine apparatus. Passions of the mind often create irregular determinations of blood, not only to the brain, but to the lungs, liver, and alimentary mucous membrane. Hæmorrhage in the brain, constituting apoplexy, or from the lungs, or stomach, or sudden jaundice, may result from excessive mental emotions. The augmented momentum of the circulation recognised by the excited motion of the heart, in fever, and which is always attended by irregular determinations of blood, must be met by a general reducent plan of treatment. The evacuant method must be vigorously prosecuted in the first stage of inflammatory fever, to reduce the excessive force of the arterial action. The well known difficulty of arresting fever, after the severity of the accession has gone on, unchanged by a due institution of the evacuant method of treatment, should make the practitioner vigilant and alive to the great practical importance of beginning its cure by an energetic interference at the onset.

By a due course of depletion we abridge the duration of the fever, and prevent the supervention of those inflammations which are so common in febrile attacks of a few days continuance. It is rare for a patient to die of fever without active turgescence of blood in some of the great governing organs of the economy. Nor will the judicious practitioner restrict himself to any one mode of evacuation, but with a comprehensive survey of the emergent state of things, select with skilful adaptation the kind and degree of his reducent *methodus medendi*. This judicious selection of the modes of evacuation must be founded upon the kind and stage of the fever we are required to combat. In bilious fever cathartics are to be employed with more freedom than the lancet, whilst topical blood-letting over the abdominal viscera may advantageously be used in the latter

periods of the fever, when general sanguinous depletion is a doubtful, if not dangerous, expedient. In the latter stages of bilious fever purgatives are to be administered with much caution.

Determinations of blood from local irritation, transferred, or extended morbid action, or from passions of the mind, must be controlled by an efficient practice of reduction. The hæmorrhagic effusions which suddenly start from the mucous membrane of either the lungs, stomach, uterus, or nasal passages, are to be stayed, in many instances, by a general plan of evacuation. Where the hæmorrhage arises from local irritation, or metastasis of action, we should proceed to its subdual by topical depletion.

Besides an escape of blood, there may, in the more chronic forms of determination of blood, result hydrophic effusion. Dropsy should never be regarded as consecutive upon a mechanical relaxation of the vessels. Local momentum, as Parry has so well illustrated, is the parent, in numerous cases, of dropsy, where debility has been accused of its production. The most successful plan of curing the various forms of dropsy, is that of moderate evacuation, combined with derivation of action to the kidneys and bowels. On this point Dr. Armstrong makes the following practical suggestions: "When dropsy was supposed to be a disease proceeding necessarily from weakness, almost all cases were fatal. But, though experience has fully proved, that the theory about weakness, being the cause of dropsy is incorrect, it is surprising that such an idea still exists." Various painful affections of the head, back, abdominal and pelvic viscera, are produced by irregular determinations of blood. Epilepsy is often thus caused, as also insanity, by cerebral determination of the circulating fluid. We have, in some well marked cases, noticed that attacks of epilepsy were preceded by flushed countenance, and other signs of excessive determination to the brain. Passions of the mind often bring on hæmorrhage; uterine hæmorrhage, with abortion, being often induced by a vivid excitation of the mind.

In Dr. Latham's History of the Epidemic in the Millbank Penitentiary, many pertinent examples are given illustrative of

the influence of mental emotions, in bringing on sudden attacks of hæmorrhage from the stomach or bowels, plainly caused by a great increase of the flow of blood to the mucous membrane of the digestive tube.

A moderate bleeding, or smart purgative, employed during this inceptive stage of the seizure has saved the patient from the threatened convulsions.

Our purpose has been, perhaps, already sufficiently fulfilled by the statements made above.—A few additional reflections upon hyperæmia, or accumulation of blood, and on inflammation will close the discussion of the first head of our subject. The most superficial consideration of the way in which determination of blood to a part may lead to an overloaded and oppressed state of its vessels, will convince us that accumulation is frequently dependant upon increased general momentum, or local augmentation of action. Plethora, fever, irritation, suppressed discharges, transferred or extended morbid action, may either of them lead to a turgescient state of the vessels of an organ.

Determination may exist without excessive vascular repletion, and a congested condition of the arterial and venous capillaries may obtain without active determination. Mechanical obstructions to the free return of the blood to the right cavities of the heart may induce congestion.

Organic lesions of the heart, which interrupt the regular march of the circulating mass, induce a similar result.

It is very apparent that general plethora will favor morbid flow of blood to the head, and other vital parts. A general fulness of the vessels from redundancy of blood is strongly provocative of such local accumulations. If to a plethoric habit be superadded a suppression of accustomed evacuations, the danger of sudden accumulation in the great organs is much enhanced.

Morbid accumulation of blood may take place in the lungs, from such disease of the heart or aorta as prevents the progress of the blood through the left side of the heart.

The remora of blood through the descending cava, produced by ventricular disease, will lead to a morbid repletion in the



cerebral vessels. The same condition of the brain may arise from a difficulty to a free passage of the blood through the lungs. Obstruction to the free ingress of the blood through the right chambers of the heart, consequent on vascular lesion of that organ, will produce great accumulation of blood in the liver. Andral gives some instructive examples of a great and sudden tumefaction of the liver from such lesion.

Organic disease of the liver, by presenting an obstruction in the portal circulation, will bring on hæmatemesis, or melæna, by the morbid accumulation of blood in the mucous membrane of the digestive tube.

Hypertrophy of the left ventricle of the heart will induce repletion in the cerebral vessels, leading to apoplexy. Hypertrophy of the right ventricle will create irregular augmentation of blood in the mucous tissue of the bronchial tubes, and in the vesicular structure of the lungs.

Morbid fulness of the vessels of the brain may be induced by any mechanical pressure on the returning blood, or by a posture long continued in which the head is kept lower than the body, or it may be induced by protracted efforts in speaking, or singing.

The erect posture, too long continued, produces accumulation of blood in the uterus, endangering the occurrence of hæmorrhage, especially in pregnancy. The hemorrhoids are sometimes induced by the posture of sitting on the seat of the privy, with a paper, or book in hand, for too long a period.

The accumulation of blood on the internal viscera from a retrocession of the circulation in the extremities and surface of the body, has of late years assumed great importance in the practice of medicine. Congestive fever has become, in the pathological views of many physicians, a disease of unique and mysterious character. Clothed with peculiar terrors, and little amenable to any kind of treatment, congestive attacks are at once the dread of the sick, and the horror of the physician. Now, this congestion, so much the terror of our art, is but a symptom of the following separate pathological states :

Constitutional irritation, or shock, will induce a well marked congestive attack. Inflammation of the stomach, bowels, or

peitoneum will produce a retreat of blood from the extremities, with the other manifestations of visceral congestion. Simple, local irritation will likewise break up the balance of the circulation, and cause a centripetal flow of the sanguiferous fluid. Oppression in the first stage, and collapse in the last stage of fever, will create the same morbid phenomena as those witnessed in attacks of fever, termed congestive. Diminished action of the heart from the protracted influence of cold, will be accompanied by symptoms of congestion. It is plain that whatever disturbs the harmonious relation existing in health between the nervous and vascular systems will, in a degree proportioned to the intensity of its agency, generate inequalities in the distribution of the blood, and phenomena of congestion as a consequence arise.

The requisition for evacuants in the treatment of inflammation is so fully met by a prompt and earnest compliance on the part of medical practitioners every where, that little need be said to enforce the commanding claims of this mode of medication in that very common pathological state. There are authors of high reputation in the profession who familiarly speak of a distinction between general and local inflammation. As far as the etiology of inflammation is concerned, the division is one of philosophical and practical correctness. And Travers, in his excellent work on irritation, limits his use of the phraseology, constitutional and local inflammation, to the separate origination of the inflammation, either in a prior deranged state of the general system, or in a purely local cause. Scrofulous inflammation is an example of the general or constitutional inflammation. Erysipelatous inflammation is another instance of the same. Gout or rheumatism are constitutional inflammations—that is, they originate in certain conditions of the system, and are not of local commencement. The ordinary forms of phlegmasia belong to local inflammations.

But some writers speak of a general inflammation, as if it were possible that a universally diffused inflammation could occur. Pain, redness, heat and swelling, are the phenomena of inflammation. These phenomena denote three things:—a certain modification of the nervous endowment of the part, a

determination of blood to the inflamed spot, and an accumulation of blood in the vessels of the diseased texture.

Irritation usually precedes the development of the phenomena of inflammation, but irregular determination of blood may induce inflammation. Also, repletion of the vessels, from some obstruction, to the return of venous blood to the right side of the heart, may induce inflammation. But, whatever be the cause, a perverted state of the sensibility of the part must precede the rise of inflammation. The normal relation existing between the capillary vessels and ultimate distributions of nervous fibres, is always disturbed. It is not a mere excess of natural action, it is a perverted or disturbed action, not always in excess, which constitutes inflammation. More blood is determined to the part, and accumulation takes place. Thence arise swelling and redness, which are directly traceable to augmentation of the circulating fluid. It is very plain that the curability of inflammation depends upon several conditions. First, in cases where the general momentum of the circulation is increased, our therapeutics must be directed to its abatement. This we effect by both negative and positive means of reduction. Withdrawal of stimuli, such as muscular motion, diet, and mental exertion, with direct evacuations, through bleeding, emetics and purgatives, are our controlling resources over inflammatory excitement. Another object in inflammation is to diminish the quantity of blood in the general system, and in the capillary circulation. This is accomplished by withholding fresh supplies of aliment, and by the removal of a portion of the blood filling the systemic and capillary vessels, by general and local bleeding. Other indications of cure, besides the main or fundamental one of evacuation, should not be disregarded. Derivation of action, by revulsives, or counter-irritants, and alterative medication by mercury, are often required to complete the restorative process, so happily begun by depletion. Nor are we to overlook the frequent necessity there is for the coincident influence of narcotics, to mitigate or remove the irritation, both of constitutional and local prevalence, which so prominently obtains in many inflammatory diseases.

2. Means for the fulfilment of the indication of cure, by



evacuation; and the modes by which our remedies procure the curative results, designed in their institution.

Collaterally, or in an incidental way, we have already spoken of the chief means of depletion, and hereafter, in a more detailed manner, are the different evacuant means to be noticed. In a general view, all that is necessary at present, is to mention what are the immediate measures of reduction, and the negative means of debilitation. The indirect or negative means of debilitation are, abstinence from food, suspension of the locomotive powers, horizontal position, quietude of mind, withdrawal of light and noise, and free ventilation of the atmosphere, with light covering to the surface, to favor the escape of superfluous animal heat. The positive or direct measures of reduction are, the subtraction of blood; emetics—including nauseants—and purgatives.

Common sense teaches mankind that a rigid abstinence from food is an efficient mode of subduing the strength of the system. It acts in three modes:—It deprives the animal economy of fresh supplies of nutrition, and thus tends to diminish the mass of the circulating fluid. With an abatement in the quantity of the blood, less will be determined to the inflamed spot, than if the usual amount was maintained. By abstinence the blood is rendered less stimulating in quality, as there is a less proportion of febrine in it, when food is withheld any time, than when daily contributions of nutritive material are made. The stimulus of alimentary matters, even before their conversion into chyle, has a strong exacerbating influence on diseases of an inflammatory character. The presence of half an ounce of solid aliment in the stomach, will, in fever, exert an energetic agency in aggravating the febrile symptoms.

Rest in a horizontal posture is indispensable as a part of the wise government to be exercised by the physician, over his patient, in febrile and inflammatory diseases. We have known patients, in fever, fall victims to a childish desire on their part to be up. In their vain endeavors to throw off the weight which oppressed them, they have sunk rapidly into the grave. That the mental as well as physical powers are to be kept quiet and unirritated, or unexcited, in diseases of inordinate activity

of the nervous and sanguiferous functions, is obvious on the slightest degree of reflection. The stimuli of light and noise are to be excluded, cold drinks used, and a free admission of air into the apartment should be maintained. Thus far the patient, if at all capable of attending to the pressing wants of his disordered body, will find, in the suggestions of his own feelings, an entire congruity with the dictates of enlightened skill on the part of his physician. Beyond this negative sort of medication, nature is inadequate as a guide to conduct us. Here the exploring guidance of reason takes up the matter, and by the suggestions of an enlightened experience conducts to the conclusion, that nature can no further be entrusted with the case, but that art must be her minister and interpreter, as well as regulator and director. Seeing her inadequateness to work out her own rescue, art waits on nature, interprets her signals of distress, and, by strict regulation and direction, enables the disordered and faltering energies of life to resume their wonted control and activity. The direct measures of depletion act:—

- 1st. By debilitation, in the modes already suggested; in diminishing the quantity and lessening the stimulant quality of the blood.
2. By direct impressions on the nervous energy; blood-letting and emetics, especially modify the innervation of the system. And, in the third place, they operate by the superinduction of an artificial excitation, which proves subversive of the morbid action. When we bleed in the cold stage of an intermittent, we rouse the action of the heart by modifying the innervation of that organ. Emetics prove remedial in certain nervous affections by the shock they impart to the system. Blood-letting, carried to approaching syncope, suspends inflammatory action, by arresting determination to the part affected, and by diminishing the morbid irritability of the capillaries.

3. The limits to the useful agency of our means of depletion.

There are four separate modifying circumstances which necessarily limit the utility of our evacuant remedies. One is, the nature of the morbid affection. The second refers to the seat of the disease. The third is the stage of the malady. And the fourth has regard to the constitution of the patient.

The three pathological elements, irritation, inflammation, and fever, are divisible into many respectively separate varieties. Irritation may be divided into constitutional and local; or, into nervous, functional and vascular irritation. Inflammation is susceptible of a great variety of divisions. Phlegmonous, erysipelatous, scrofulous, cancerous, and gangrenous, are some of these varieties.

Fever, in a general way, may be designated by the terms idiopathic, symptomatic, simple, inflammatory, and typhoid.

Irritation consequent on plethora, determination or accumulation of blood, which we term vascular irritation, is relievable by evacuants. But nervous irritation is generally aggravated by depletion. Functional irritation, dependent on a suspended or perverted exercise of the appropriate function of the organ, is sometimes benefitted by a moderate reduction of the vascular system.

Neuralgia is a case of nervous irritation. Dysmenorrhœa is an instance of functional irritation.

Constitutional irritation, so well illustrated and practically discussed by Travers, rarely admits of depletion. The system requires sustentation by cordials and stimulants, in cases of prostration from an accident, and other causes of violent injury and shock. Reaction, coming on after the subsidence of the immediate oppression from the shock, depletion may advantageously be used to moderate the consecutive excitement. Where inflammation follows upon the reaction, energetic measures of reduction may be demanded.

Constitutional inflammation, agreeably to the definition already given of that term, cannot be treated with so bold a hand of reduction as local inflammation. The reason is found in the fact that some degree of failure, or deterioration, has already occurred in the vital powers, leading to impairment of restorative action. Irritability and vitiation of healthy vascular tone accompany such cases of inflammation as are reflected on a part from constitutional degeneration. The diseased texture participates in the subdued tone of vital endowment, which has already possessed the general system. The same observation holds good in its application to fever. Idiopathic, or constitu-



tional fever, does not require the employment of evacuant remedies to the same extent as inflammatory symptomatic fever. The nervous system, and organs of secretion, are more involved in idiopathic, than in symptomatic fever. A general derangement precedes the local disordered functions of idiopathic fever.

Evacuants are demanded in attacks of inflammatory fever of a koino-miasmatic origin, far more than in cases of febrile seizure arising from idio-miasma. The latter partake, to a greater or less extent, of the character of a depressed or broken state of vital resistance.

In what is so indiscriminately called congestive fever, much caution is to preside over evacuant remedies. In some of the cases which, by a liberal construction, are denominated congestive, inflammation of the stomach or intestinal tube may be present. Here evacuants are demanded. These attacks of fever received from Dr. Rush the significant appellation of cases of suffocated excitement.

The retreat of the blood from the peripheral to the central portions of the body, an invariable phenomenon in cases called congestive, may be the result of the primary impression of the febrific agent upon the body. Here reaction is crippled and broken, from the deep oppression of the vital powers. Depletion in such cases, is to be used with much circumspection.

In accumulations of the blood, with weakened action of the heart, reducent means of treatment are to be employed, with constant reference to the state of the general circulation. Counter-irritation and moderate depletion are simultaneously to be employed in such cases.

The site of the inflammation modifies the therapeutic indication. The serous tissues, when inflamed, demand a more active reducent method of treatment than the mucous membrane. The parenchymatous structures, affected with inflammation, require rather less severe measures of evacuation than do the serous tissues when inflamed; but far more energetic interference is called for in parenchymatous than in mucous inflammations.

The stage of the malady, whether a fever or inflammation, necessarily modifies the activity of our evacuant medication.

One full bleeding at the beginning of fever, or a plegmasia, will effect more good than thrice the quantity detracted at a later period. After the heart's action has been partially exhausted, by the intensity of the uncontrolled excitement, the means of reduction are to be guardedly exhibited. Local must take the lead of general measures for the subdual of the fever or inflammation, after its persistence for some days. And in some instances of a cachectic state of the constitution, with a sub-acute form of inflammatory turgescence of an organ, tonics, to brace the failing energies of life, are required, whilst local reducent measures are employed.

The peculiarity of constitution must limit and qualify the application of evacuant remedies, for the removal of febrile or inflammatory affections. The predisposition, whether hereditary, acquired, ætal or sexual, which the individual may labor under; the habit of living; previous attacks of illness; and other modifying influences, which may have operated in the generation of a peculiar condition of the vital properties, should not be overlooked in the formation of a just view of the practical difficulties of the case.

Those predisposed to scrofula, possessing less stamina and enduring tone, cannot be depleted as freely as those who labor under no such predisposition. The adolescent age is less capable of bearing evacuation than the vigorous maturity of life. Women, during lactation, cannot be as safely evacuated as when in a state of utero-gestation. The kind of depletion is limited in its use by sexual predisposition. Pregnant females bear sanguinous emissions much better than they do reduction by purgation or emesis.

Old age approximates childhood, in its incapability of standing extreme measures of depletion. Young children are liable to the simulative phenomena of arachnitis from blood-letting, and catharsis, pushed to an extent of rapid exhaustion. The feeble recuperative energies of the old cannot withstand the shock imparted by bold measures of debilitation.

Persons habituated to alcoholic stimulants do not bear depletion well. They are prone to a peculiar species of delirium

from the withdrawal of their potations, and the institution of severe evacuant means of treatment.

4. The symptoms which point out the propriety of employing evacuants.

Derangement of sensation, disorder of function, and alteration of structure, mark the aberrations of normal action which take place in febrile and inflammatory affections. Pain is denotive of deranged sensation, suspended or perverted secretory effusion evinces disorder of function, whilst augmentation of size, hardening and softening, show structural lesion.

Besides pain, other feelings, to which the patient alone is cognizant, point out morbid action. Sensations of weight, of fulness, of gnawing, of heat, and of cold, each demonstrate a departure from a healthy condition of the economy. These deranged sensations may only indicate a perverted activity of the nervous endowment. Disordered function of the circulation is shown by the pulse. The varieties of this important index of the state of the system cannot be treated of in this general discussion. The tongue affords valuable information to the physician respecting the chylipoietic organs, and often points accurately to the degree of excitement present in the system.

The disordered states of the renal function are not to be disregarded in forming an enlightened estimate of the kind and degree of morbid action going on.

The alvine evacuations are attended to with extreme and most sedulous care by the majority of practitioners. Whilst the evacuations provoked by cathartics are watched with great nicety of observation, and submitted to the scrutiny of the senses of sight and smell, too much weight is attached very often to the testimony thus afforded.

Defective hepatic secretion, occurring in fever, is to be deprecated. But an excessive activity may be provoked by mercurial cathartics, unfavorable to the successful termination of the treatment. Deviations of function in the skin are popularly considered with grave attention, in all febrile and inflammatory affections. Great heat of the surface, with total absence of perspiration, is one of the common symptoms of fever.



Should there be entire suppression of the urinary secretion in fever, an unfavorable result may be deduced. Obstinate constipation is another bad augury.

The lesions taking place, in diseases of an inflammatory nature, are not always recognizable during life. But, by means of tactual examination over the abdomen, and the application of the means of physical diagnosis in diseases of the chest, much precise knowledge of the lesions of the contained viscera of these cavities may be gathered. The symptomatology of diseases requiring the use of evacuants comprises—first, the patient's sense of suffering; second, the functional disorders detectible by the skilful examination of the physician; and in the last place, the organic lesions which may be present. The pulse, tongue, skin, condition of sensorial energies, the sensations of the patient, state of the alimentary canal, degree of muscular prostration, and the state of renal secretion, are the principal sources from which a just conception of the diagnosis of a case is drawn.

Pain, with full, strong pulse, and hot skin, point out the necessity of direct and active depletion.

Excessive determination to an organ is often recognized by a darting, or keen lancinating pain. Accumulation of blood in a part is frequently denoted by a sensation of weight.

The careful practitioner must compare, compute, and analyze, all the phenomena, and not be guided too exclusively by any one symptom, or accidental coincidence of symptoms, in the case under examination.

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ART. II.—*Typhus Fever*. Professor Schoenlein's Lectures, translated from the German, for the Western Lancet, by F. ROLKER, M. D.

(Continued from page 26.)

*Ætiology*.—This disease generates itself not only spontaneously, but can also rise to a contagion, and be propagated by semen.

*Spontaneous Origin*.—The inner character of the disease seems to be the blooming time of the human life, the age of

the highest development of the nervous system. Hence the diseased cyclus begins with puberty, and terminates with involution. Typhus is rare in infancy and in old age. The different forms of typhus are, however, unequally divided in this period, so that abdominal typhus occupies the first, cerebral typhus the second, half.

*External Momenta.*—1. An atmospherical constitution, as stated when treating of the neuro-phlegmasiæ, especially if it should become contagious typhus.\* 2. Changes in the chemical mixture of the atmosphere, either changes of the normal constituent parts, or intermixture of deleterious substances, or both. In regard to the first, there is a diminution of oxygen favorable to the origin of typhus. The atmospherical air consists of twenty-one parts oxygen, about seventy-seven parts nitrogen, and some carbonic acid. This mixture is the same on all elevated places; yet, as stated by Humboldt, the proportion of oxygen can diminish itself under given circumstances. On the coasts of America, in the valley of large rivers, by the evaporation and inhalation from the Magell trees, the atmosphere is poorer of oxygen, and hence more favorable to the origin of typhus than in other place: (things that augment the proportion of oxygen favor the origin of phlegmasiæ.) In regard to the second, the intermixture of abnormal ingredients ensues principally from the decomposition of organic substances, of animal as well as vegetable nature. Amongst the gases which develop themselves in this fermenting process, are, especially, the carbonized hydrogen gas, and the oil-originating gas, which, in their effect, resemble narcotics. Not only putridity seems to favor the development of typhus, but also the mixture of two kinds of water—namely, sea water with sweet water—especially if this mixture accumulates, after inundations, in lower

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\* 1. A high degree of moisture, much free water in the air. 2. Low range of the barometer—little atmospherical pressure. 3. Rapid change of temperature, yet within certain limits. The difference of temperature between day and night must not be more than 10 or 12 degrees, and the mercury must not fall below 0. 4. West winds. 5. At certain degrees of electricity, which, however, does not balance itself by thunder-storms, but by the formation of fog. At least neuro-phlegmasiæ are prevailing in seasons when the formation of fogs is predominating, in the fall of the year—in October and November; in other seasons they are rather rare.

parts of the country. That the evaporating chlorine and iodine are here of some influence can scarcely be doubted. Also, volcanic eruptions, through which a quantity of inspirable gases ascend from the depth of the earth, and corrupt the air, seem to be favorable to the origin of typhus. The history of all times has shown that the eruption of volcanoes always was followed by severe epidemic diseases, especially typhus. Even in regions where volcanuity has been extinguished long ago, e. g. in the wide tract from the shores of the Arno to the promontory of Lirce, are typhus fevers much more frequent than in others; and winds that blow over volcanic grounds (malaria) are dreaded in countries bordering upon them, as bringing nervous fevers. At last the air over great sandy deserts seems to have influence upon the origin of typhus. The oriental typhus, at least the plague, is, according to all observations of travelers, conveyed from the places in the deserts of Egypt, (namely, from the Thebais) into the fertile Delta-country.

*Mediating Momenta.*—Every thing that directly or indirectly makes a paralyzing impression upon the nervous system belongs to them:—1. Mental influences, depressing passions, fear, grief, fright. The history of the epidemic diseases of the last years proves, that typhus always first broke out in the defeated armies, where the greatest dejectedness was prevailing. In the years 1805 to 1813 typhus always originated first amongst the Austrians; at the invasion into Russia, however, first amongst the French armies. 2. Strong mental exertions, immoderate application to studies. 3. Exhaustions of the muscular system by fatiguing marches. 4. Over excitement of the genital system, by abusing coitus. 5. Exposure of the skin to wet and cold, cold drinks, especially after the eating of hot victuals. From this cause spontaneous typhus is so frequent with bakers. In the tropics the fermentation of infusories in the water seems yet to be efficient, besides the taking cold by drinks.

*Contagious Origin.*—The fermentation of the contagion takes place in two ways:—1. A homogeneous contagion rises to the higher developed one of typhus. This formation is, however, by no means without law; from definite varieties of



other disease only certain forms of typhus are developed,—from anthrax in Asia, the plague; from bilious fever in America, the yellow fever; from nasocomical gangrene and typhoid dysentery, petechial typhus. The transitions are also here mediated by a series of interforms. 2. Typhus that has generated itself in a spontaneous way, can, under favorable circumstances, create of itself a seminum, and become an originally epidemical-contagious one. But, in order to produce a seminum:—*a.* The atmosphere must have the above denoted quality. In the West Indies, and the southern parts of the United States, the miasmatic fevers are epidemical every year; but yellow fever does not always develop itself out of them, because the atmospherical constitution is not always a favorable one. *b.* Several individuals, attacked by the disease, must be crowded together in one small room. Thus we see the disease frequently spread by siminum from one individual gradually upon all the rest, in autumn and winter, in poor families confined in small huts.

*Geographical Extension.*—The typhus process of disease seems, according to the present experience, to belong to the northern hemisphere only, and to pass over to the southern only when brought there. But even in the northern hemisphere a remarkable difference exists in the distribution of the single forms. Petechial typhus and the plague belong to the Old World; yellow fever, and some relative forms, to the New World, (the high plains of Mexico.) It is remarkable that these different forms limit and exclude each other. Formerly, while commerce spread from the Orient over Europe, the plague was at home even in the most distant realms, (Spain and England;) now, since the commerce with the New World, yellow fever is predominating, and the plague is almost removed. It is remarkable that, where American plants first showed themselves, American typhus made its first appearance, namely, at the south-western point of Europe, in the region of Cadiz. Elevation, also, has influence upon the distribution of typhus. The typhus of the Old World generally likes the low countries, yet it can ascend immense heights; for instance, the petechial typhus of 1814 '15 went up to the highest Alps; the

disease, however, was rare and less fatal in these high places. The typhus of the New World, it appears, cannot reach a height of 400 to 500 feet, and is rather limited to coasts.

*Occurrence.*—The disease is rarely sporadical, mostly epidemical. Sometimes it is confined to a hovel, a valley, single streets, &c. In other cases it is vastly extended, and spreads over countries and parts of the world with devastation.

*Course and Termination.*—The disease is in its course pretty much confined to the seven days period, either to the whole seven days period or only fractures of it. Hence, critical days are the 9th, 11th, 14th, 17th, and 21st. It terminates:—

1. *In perfect recovery*, with very plain crises. First. *Psychical crises.*—The principal somatic crisis is perspiration, which distinguishes itself by its peculiar order. As supplementary crisis through the skin occurs a gangrenous furuncle, of the size of a pea or hazelnut, between the nates, on the lower extremities, and not seldom on the back, or a peculiar exanthema, which has been called spurious itch. It can easily be discriminated from true itch by its more globular shapes, by the want of the green-yellow point, by its want of contagiousness, by its extinction after a single eruption, by its rapid developments and diffusion. Even miliary-like eruptions often appear. As well marked as the crisis is through the skin, so rare and insignificant is the crisis through the urine. Some observers pretend to have seen needle-shaped crystals in the urine of typhous patients; but others contradict it directly. Second. *Psychical crisis.*—It is important, constant, and characteristic, as the somatic. Instead of delirium, restlessness, and constant agitations, sleep takes place, which often lasts twenty-two to twenty-four hours, and from which patients often awake as newborn, without remembrance of the passed days. In the middle, between the fever crisis and psychical crisis, (which are properly to be considered as topical ones,) are:—First. *Critical Hæmorrhages.* They occur mostly in cerebral and petechial typhus at the termination of the first days of the period. They are easily discriminated from the colliquative hæmorrhages of other forms of typhus. They are preceded by strong congestion towards the head, the patients complain of stupor, ringing in

the ears; but after hæmorrhage they feel relieved. The blood is florid, coagulates soon, effuses in a great quantity, and the hæmorrhage takes place at the time of the critical secretion. Second. *Formation of parotitis*.—Cursed by most physicians, but by no means so very dangerous. They form suddenly, but in consequence of typhus fever only; make their appearance with violent pain; are extremely sensitive to the touch; and are connected with changes in the brain, (deafness, or difficulty of hearing,) and a comatose state. By this they may sufficiently be discriminated from simple parotitis.

These crises, however, do not appear all of a sudden, but mostly in the form of lysis, (semi-crisis,) and they commonly observe the seven day period, and this either in such a way as to be more copious in the beginning, diminishing by degrees, or so as to appear at first during exacerbation only; later, however, becoming permanent, and reaching their maximum with the seventh day.

2. *In partial recovery*.—Physical or mental disorder can remain. First. Physical disorder, either in the organs originally attacked, or in those consensually seized. To the disorders in organs consensually seized belong: First. *Decubitus*.—Most physicians consider decubitus in typhus merely a consequence of mechanical influences; but we consider it to be an incomplete crisis, that terminates in destruction of the part; for, in the first place it coincides with the critical days; then it is frequently found in places which are not exposed to pressure; for instance, on toes, ears, nose; then, besides, it forms through gangrenous furuncle the transition to the other crises; at last, it is plainly seen, that, in the same degree the central parts become free, as the papillary bodies and the peripheric nerves are seized. Second. *Disorders in the mucous membranes*.—In those of the respiratory organs, there not seldom remains a long lasting blennorrhœa, in the abdominal mucous membranes, polypous excrescences or ulcers, (and, in consequence of it, phthisis during convalescence.) To the disorders in the organs, originally attacked, belong, in cerebral typhus, disorders of the nerves of the senses, amaurosis, deafness; in abdominal typhus, epilepsy, hysterics, functional disorders in the diges-



tive organs. Second. *Psychical disorders*.—Either complete idiocy, or destruction of the mental faculties of inferior order, (either momentarily or permanently,) namely, of the memory, which sometimes is lost altogether, so that the patients have again to learn to speak.

3. *In death*.—Also the fatal termination is confined to certain days. Only in certain forms of the disease death sometimes ensues by paralysis, after the reception of the contagion; for instance, individuals infected with yellow fever not seldom drop suddenly dead, without having felt sick, (apoplexia nervosa.) But commonly death is confined to certain of the critical days. It ensues in various manners. When it occurs before the ninth day, it is by paralysis of the nervous system; in cerebral typhus, by cerebral; in ganglionic typhus by ganglionic apoplexy. When it occurs towards the fourteenth or fifteenth day, exhaustion of the vital power in the generation of the crises, which are not seldom colliquative, is the cause. When it occurs later, it is induced by the secondary disorders, as hectic fever, in consequence of decubitus, then phthisis, or by apoplexy, when pus is formed in the interior of the ear, and is evacuated into the cranium, &c.

*Prognosis*.—Typhus is one of the most dangerous diseases. The ratio of mortality always differs: in some epidemics, thirty per cent., in others, scarcely nine per cent. of the patients die. Even in one and the same epidemic mortality varies in various times. In regard to prognosis, this principle holds good, that a great number of favorable appearances are of less importance and value than a single newly-appearing, unfavorable symptom. The prediction, however, depends on the following moments:—1. *On the form*.—European typhus is less pernicious than American [yellow fever] and Asiatic [plague.] In European typhus the sporadic is worse than the epidemical; (in sporadic, thirty to forty per cent, in epidemical, only twelve to twenty perish.) 2. *On the stage and the treatment*.—In the beginning much may be done for a favorable result. But after once a mistake has been made, and the normal course disturbed, a cure is but seldom succeeded in. 3. *On the course*.—The more regular the course, and the plainer the stages appear, the

more favorable is the prognosis. Typhus which observes the four days period allow the most favorable prognosis. A more rapid and a longer course is unfavorable. 4. *On the intensity of the symptoms*, namely, of the nervous system.—Violent, uninterrupted delirium, picking off the bed-clothes, subsultus tendinum, &c., are very unfavorable, especially when it occurs in the period of the first seven days. 5. *On the economical condition of the patient*.—The disease is more destructive with poor than with wealthy people; more so in the country than in cities; less destructive in hospitals than in private practice.

(To be continued.)

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ART. III.—*Remarks on Diseases of the Stomach.*—By the  
EDITOR.

(Continued from page 11.)

There is a peculiar state of gastric hyperæmia, connected with obvious derangement of a portion of the medulla spinalis, which has been measurably overlooked; but, nevertheless, of frequent occurrence and great importance in practical medicine. It is usually observed in the female constitution, constituting a case of gastric derangement, more or less intense, and usually regarded as being exclusively gastric, without any complication. The symptoms indicating this affection are such as ordinarily proceed from hyperæmia, and doubtless they depend on that condition; but, in addition to the symptoms connected with the stomach, we find palpitation, vertigo, headache; but more especially, *tenderness on pressure of the upper portion of the dorsal vertebræ*, and often *pain or numbness*, extending down one or both arms. A very peculiar and interesting feature in the history of these cases, is, that the spinal sensibility will pass without notice by the patient, until pressure is applied directly to the part. So constant and invariable are the symptoms in these cases, that the practitioner accustomed to meet them, will recognise the disease at once, and be able to complete the history *seriatim*. The disease in these instances no doubt commences in the stomach, and by a reflex morbid

action, involves the spine, as already specified. This position is not at variance with well known facts. Dr. Graves has detailed well marked instances of disease commencing in the nervous extremities, and finally extending to the centres. And still more familiar illustrations are met with every day, in the sympathetic derangements of the brain.

Hyperæmia may, under favorable circumstances, pass at once into acute gastritis; but, left to the control of the ordinary laws governing these morbid actions, it more frequently gradually increases in intensity, until chronic gastritis is established. Hence we recognize three stages:—1. Hyperæmia; 2. Chronic gastritis; 3. Acute gastritis. The second is usually a sequence of the first; the third may follow the second, though more frequently exists as an idiopathic disease. Therefore the most common stomach diseases which the practitioner will be called on to treat, are hyperæmia and chronic gastritis.

Hyperæmia of the stomach manifests itself under several modifications. Originating, as we have previously remarked, in nervous irritation, complicating itself with vascular turgescence, both these conditions will vary in degree according to accidental circumstances. The gastric fluid, and mucus of the stomach also undergo changes when the vascularity invades the muciparous glands, or the apparatus secreting the gastric juice. The following combination of symptoms exists:—Pain and uneasiness will become prominent in proportion as the nerves are implicated; thirst and sensation of heat will be present when the muciparous glands are involved; and deterioration in quality or deficiency in quantity of the gastric juice, permits the acetous fermentation to take place, and the accumulation of acids harass the patient, and augment the disease. In addition to these *special* derangements, the *general* vascularity of the mucous and sub-mucous tissues destroys the equilibrium between the constituent tissues of the organ, reacts upon each individual element, and, so long as it exists, precludes the possibility of cure.

In analyzing the symptoms appertaining to gastric hyperæmia, the mind naturally rests on two points:—first, deranged sensation; and, second, thirst. The one originating from ner-



vous irritation, the other from deranged secretion. Increased sensibility is not constant or uniform; depending, to some extent on the state of distention of the organ, and other modifying circumstances, and may pass unobserved by the patient until direct pressure is made on the affected part. Thirst depends on deranged secretion, and is usually combined with dryness of the mouth, fauces, and sometimes furred tongue. These two points, however, do not fully embrace the morbid changes, or therapeutic indications, and should not be permitted to mislead in prescribing.

Our therapia must embrace four points:—1. Nervous irritation. 2. Vascular turgescence. 3. Deficient mucus secretion. 4. Deteriorated or diminished gastric secretion. In the application of remedies, however, the two first are so intimately and immediately connected, as cause and effect, that a remedy addressed to one necessarily, to some extent, modifies the other; hence, in the remedial process, measures are usually so combined, and so operate, as to fill both indications at the same time.

We have intentionally avoided speaking of the causes of gastric hyperæmia, for the purpose of introducing them at this point, as sustaining an intimate relation to the curative process. This form of disease, then, we remark, is almost uniformly traceable to *dietetic errors*. That other causes may occasionally contribute to produce this affection is not denied, but we persist in the assertion, that it essentially depends on dietetic errors. We enumerate the following points:—Eating *too much*. We would not *starve* our patients, much less those enjoying ordinary health; neither would we enforce the fanciful doctrines of the *emaciated* Grahamites; but we do insist upon it, that the too common habit of gormandizing—of making the stomach a receptaculum of beef, pork, fowl, fish, vegetables, deserts, pastry, and stimulating condiments without number, at the same meal, is so palpably absurd as only to be enumerated to meet with universal condemnation. And the stomach having been filled with this heterogeneous mass, the interstices are equally well occupied with a glass of wine or brandy, or if the Washingtonians have banished those drinks, tea and cof-

fee supply their place. Now, in the name of common sense, where is the stomach in christendom able to endure this labor, without being impaired? From much reflection on this subject, we are established in the belief that the following are the principal causes of hyperæmia:—Excessive quantities of proper aliment; injurious and unnecessary articles, such as tea coffee and spirits; and the loathsome and disgusting habit of using tobacco. This narcotic weed usually brings up the rear, and adds greatly to the injury of an overloaded stomach, diverting from it appropriate fluids, and debilitating by direct narcotic influence.

In the TREATMENT of hyperæmia of the stomach, the salient point is, to *restrict the diet*. No plan of medication can be successful without strict and persevering attention to the ingesta, and we may affirm, with much confidence, that this alone will cure many cases. It often, however, becomes necessary to interpose various remedial agents, in addition to the regimen. If the habit is inflammatory, it will, in all cases, be proper to premise venesection, repeated or not according to special indications. After this, if much tenderness exists at the scrobiculus cordis, cupping will be demanded, and should be repeated until the symptoms for which it was prescribed subside. Counter-irritation should follow cupping, and blisters, succeeded by tartar emetic ointment, will fill that indication. Gentle aperients should occasionally be administered, but in no instance should *active purgatives* be resorted to; indeed we cannot too strongly condemn the common practice of giving purgatives in affections of the stomach. These affections are usually ascribed to a bilious condition of the system. So common has the bilious mania become, in our country, that the medical eye is jaundiced, and in a simple hyperæmia of the stomach is perceived complete perversions of the hepatic function, from the acini to the radicals of the vena portarum. The remedy for this derangement is, of course, calomel—first, second and last—and the result is, in nine cases out of ten, that the disease is not cured, and the amendment only temporary, leaving a decided predisposition to gastric irritation. But the disciple of the "*Hepatic School*" congratulates himself upon his *accurate* diagnosis, and

highly discriminating treatment. Calomel may, under some circumstances, become necessary, but it should be administered with a cautious hand, as should every other purgative.

Having filled the indication adverted to, if depraved secretion exists, the administration of blue pill will become necessary. If there exists evident irritation, with redundancy of aqueous secretion, constituting pyrosis, the following formula should be adopted:—

R. Pil. Hydrarg. 3j.

Pulv. Ipecac. Comp. 3ss.

M. ft. pil. No. xx.

One to be given morning and evening, with an occasional aperient.

When the derangement is complicated with thirst, dryness of the mouth, and fauces, indicating the invasion of the muciparous glands, the following combination will be found preferable:—

R. Pil. Hydrarg.

Ext. Conii aa ʒj.

Ipecac. grs. v.

M. ft. pil. x.

One to be taken at bed time.

If, after the adoption of the preceding course, and the suspension of the more active symptoms, digestion still seems imperfect, with acidity and defective gastric juice, mild tonics will be found advantageous. For this purpose the following prescription may be used:—

R. Pulv. Calumba

Magnes. Carb. aa 3j. M.

Five grains of this mixture to be given three times per day.

We cannot leave this subject without again referring to the indiscriminate use of mercurial purgatives in these affections. Better that the article be proscribed *toto cælo* than to be administered with such freedom. The state of the tongue is usually regarded as a criterion in these cases for the administration of calomel. We will offer a few reflections on that subject.

It has often been made a question whether the appearances



of the tongue could be relied on as indicating the state of the stomach. Many believe it can; and the fact that the appearance of the tongue is sought for with so much anxiety, is pretty conclusive demonstration of the estimation in which it is held. "Your tongue is coated, your stomach is deranged, you will be under the necessity of taking another portion of calomel to-day," are expressions familiar to most patients. Nothing is more common than for the physician to be measurably guided, in prescribing, by the appearances of the tongue. If it happens to be coated, a mercurial purgative must be administered to *remove the bile*; if it is red and contracted, calomel must be taken to *restore* the biliary and other secretions, and to allay irritation. Now this course is unphilosophical, and various facts go to prove that the positions assumed are erroneous, and therefore should be abandoned.

Andral declares, "that there is no constant relation between the state of the tongue and stomach;" and that there may be a diseased state of the stomach with a healthy tongue, and vice versa. Stokes remarks that we should be wrong in taking the tongue alone as our guide in these affections; and the Editor of Stokes' Theory and Practice, Dr. Bell, states, that he knew an individual to have a coated tongue for twenty-five years, and for many years to awake in the morning with a dry, yellow, brown, or even black, fur on the tongue, and yet this individual enjoyed pretty good digestion. It must not, however, be inferred that we consider the tongue unimportant in the diagnosis of stomach disease; on the contrary, we hold that it should be carefully and accurately examined, and the various changes and modifications carefully noted. But we wish to impress the idea, that some of our most distinguished pathologists, as Andral, Louis, Stokes, Parker, and others, regard the tongue as furnishing only collateral evidence of gastric disease, when it is found associated with symptoms of disease in the stomach itself; that redness, ulceration, pointing, and fur, are not to be received alone as evidences of gastric derangement. Every attentive observer will soon come to the conclusion, that the appearance of the tongue is, in many instances, totally fallacious, at least as pointing to the stomach; and that the

changes induced may be the result of local disease in the organ itself, or depend on the general system. If we admit the tongue as an index to the stomach, great uncertainty would still exist, as no uniformity between the appearance of the one and disease of the other can be established. In one instance the tongue is red over its entire surface; in another will be seen red edges with a furred centre; while in a third instance will be observed red edges and tip, with two lateral stripes of fur; at one time dry, at another moist; sensibility sometimes exalted, occasionally depressed; at one time ulcerated, again with elevated papillæ; sometimes contracted and pointed, or relaxed and obtuse. Who, we would ask, is so skilled in the mutations of this organ as to determine, with any tolerable degree of certainty, the morbid changes in the stomach to which they relate; and if this discrimination cannot be made, the symptom loses most of its intrinsic value.

In one instance we will find the local symptoms of gastritis connected with a tongue nearly or quite natural; indeed we have frequently observed it under such circumstances *clean and moist*, totally free from any morbid appearance; again it will be furred and dry in various degrees, and even ulcerated; the latter symptom has been thought to indicate chronic gastritis, and even Parker inclines to this opinion; but how often do we find an aphous state of the tongue without any concomitant evidence of gastritis, and which readily yields to topical applications. Langston Parker refers to several cases in which symptoms of gastritis existed, and the opinion was confirmed by post mortem examinations, yet the tongue remained throughout the disease *pale and moist*. These appearances have often been reversed, that is, a tongue with a smooth, red surface, usually regarded as indicative of gastritis, existed without disease of the stomach, as was verified by post mortem inspection, when death occurred suddenly from other causes.

From all the facts that have been elicited on this subject we come to the following conclusion:—That the normal appearances of the tongue are often much changed in gastritis, frequently presenting more or less redness; but that these changes are not sufficiently constant and regular to admit them as cor-

rect criteria in stomach diseases, and consequently, they should be regarded only as auxiliary to general symptoms.

We will next consider acute and chronic gastritis.

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ART. IV.—*Case of Strangulated Hernia*.—By Drs. L. & H. H. LITTLE, of Deavertown, Ohio.

John Iliff, aged seventy years, had an inguinal hernia of forty years' standing, which had been frequently strangulated and reduced by different practitioners; had usually worn a very badly constructed truss.

The hernia became strangulated on the 12th of August, 1841, and on the 13th we were called. All attempts at reduction, by the taxis, proving abortive, an operation was proposed, but not consented to till late on the 15th, when we proceeded to operate. Nothing uncommon occurred till the hernial sac was exposed, which was found to be near the size of the testicle of a horse, and presented nearly the same sensation to the touch, though rather harder. It resisted every attempt at elevation or separation from the intestines. A section was now determined on, and the only practicable method was the introduction of a tenaculum through its substance, when the whole tumor could be a little elevated by an assistant. The sac was opened by a careful dissection, which proved to be an inch and a quarter in thickness, composed of condensed cellular tissue. This thickness of the hernial sac gradually diminished as we approached the stricture, which was, however, much thicker than usual. The bowel was returned with difficulty, but the patient rapidly recovered. This singular condition of the hernial sac we believe to have been produced by harsh and oft repeated attempts at reduction, from time to time, during the existence of the rupture, which had been strangulated a great number of times, and reduced, either by the patient or his friends, without the aid of a physician. We may also remark, that the sac contained little or no fluid, and much caution became necessary to avoid wounding the intestine.



## MISCELLANEOUS SELECTIONS AND INTELLIGENCE.

1. *Amputations at University College Hospital.*—By JOHN PHILLIPS POTTER, Esq., late House-Surgeon.

After some preliminary remarks, the reporter observes:—

In all cases above mentioned, the flap amputation has been preferred, as an operation which, it is believed, is not only more quickly performed, and with much less suffering to the patient, but is attended altogether with better results, both as regards the form of the stump and the rapidity of its cure. The instrument used for the operation is a straight-backed knife, with an edge gently curving towards the point, and of a length varying with the size of the limb to be removed.

With only one exception, (in which the ordinary tourniquet was applied,) the artery of the limb was commanded by the fingers of an assistant, compression being made with moderate firmness over the axillary or brachial arteries in amputations on the upper extremity; and over the upper part of the femoral artery in operations on the lower limb.

It is found that very little blood is lost when this plan is adopted, because well-directed pressure immediately over the course of the principal artery of the limb completely arrests the flow of blood through that vessel and its offsets, whilst it does not in the least interfere with the return of blood by the veins, which, from their thinner parietes, are the first vessels to be compressed when the tourniquet is applied.

After the removal of the limb also, when the principal arteries have been tied, the smaller vessels are quickly and easily secured by slightly varying the pressure of the finger.

Another advantage derived from this mode of arresting the flow of blood through the limb, is that the operation itself is more conveniently performed than when the tourniquet is used. When both flaps have been cut, they are forcibly retracted by an assistant, whilst, by a few sweeps of the knife, the bone is denuded for some distance, and sawn through considerably above the point at which the first puncture in the skin was made. Now, where a tourniquet is employed, the retraction of the flaps must be interfered with, to a great extent; but where pressure is made by the fingers only, and the rest of the limb is left free, this part of the operation is performed with perfect ease, and the motion of the saw, when applied close against the divided muscle is not interfered with.

There have been 22 cases of amputation of the thigh—2 primary and 20 secondary. There were 4 deaths.

Nearly all the amputations of the leg were performed close to the tuberosity of the tibia, the stump being left only of sufficient length to rest firmly on the cushion of the wooden leg.

The stump is then completely covered by the dress; and, as it does not project much, it is not so liable to injury, or to become the seat of obstinate and painful ulceration, as is the case with stumps made at the middle of the leg or even a little higher.

Here again the ordinary flap amputation has been had recourse to; a short anterior flap of skin being first made by dividing the skin over the upper end of the tibia in a semi-circular form, and then the knife being made to transfix the leg, (at a variable distance behind the tibia and fibula, according to the size and degree of muscularity of the limb,) in order to form a suitable posterior flap.

The portion of muscle thus taken into the posterior flap gives a firmness to the stump when healed; and does not, in most cases, increase the amount of suppuration, or retard the union of the parts. The only cases in which this mode of amputation is inconvenient, are those in which the patient is muscular and in robust health; as in primary amputations for severe injuries, for example. Under these circumstances, the muscles do not appear to have the same power of retraction as in patients who have long been in a low state of health. They are therefore much in the way when the stump is dressed; and, by projecting beyond the skin, they prevent its union by the first intention, and occasionally cause some sloughing of the parts.

In two cases where, from the muscularity of the patient, this inconvenience was anticipated, Mr. Liston varied the operation in the following manner.

The anterior flap was made longer than usual, by curving the incision downwards in a semilunar form, and reflecting the skin from the front of the tibia. A posterior flap was then made, also of skin only, and of about the same length as the anterior one. This was reflected from the surface of the gastrocnemius, and the deep structures divided down to the bones, which were separated from the muscles for a short distance before being sawn through.

In these cases the skin flaps healed with unusual rapidity; and the stumps were neat and well covered. In one case, union took place almost entirely by the first intention, and the patient was discharged cured in twenty-five days after the performance of the operation.

From the accompanying list, it would appear that amputation of the leg is an operation which is not so frequently dangerous to life as might be expected. Out of 25 cases, 22 secondary and 3 primary, 22 were successful, giving a proportion of about 1 fatal case out of every 8.

Neither have these generally been found tedious cases; union by the first intention occurring frequently along half and sometimes nearly three-fourths of the line of meeting of the flaps, and the remaining portions granulating without any great amount of suppuration. The average period of time which these patients remained in the hospital before their stumps were completely healed was from forty to fifty days.

**MODE OF DRESSING THE STUMP.**—When ligatures have been tied around the principal arteries of the stump, the hæmorrhage from the smaller vessels (which are also tied in cases where the dressing is proceeded with immediately) is arrested by covering the recently divided surfaces with lint, soaked in cold water.

This is removed and re-applied every few minutes at first, and then at longer intervals, until all bleeding has ceased; and in order to insure the actual application of the cold water to the bleeding surface, the coagula are from time to time gently removed. When the patient begins to recover the shock of the operation, one or two of these smaller arteries, perhaps, spout out afresh. These, however, if necessary, are easily secured, as the flaps are still separate and exposed: the greater number of vessels, on the contrary, become plugged up with fibrine, and retract within their sheaths.

Thus all chance of disturbance of the dressing, by effusion of blood between the flaps, is prevented; and that without having so many sources of irritation in the stump, as when many vessels are secured by ligature. Where the patient is unusually nervous and susceptible of pain, tepid water, changed more frequently, may be used in a similar manner.

When all oozing of blood has ceased, and when the divided surfaces become glazed over, (which happens generally in from four to seven hours after the operation,) the wet lint and small remaining coagula are removed, and the dressing of the stump proceeded with. The flaps which are in the most favorable state for union are now brought accurately together, and retained by several points of interrupted suture. The number of sutures requisite for this purpose varies from two to four; but more than three are seldom used, even in amputation of the thigh. They are removed frequently in twelve or twenty-four



hours; but if the flaps are large and heavy, and the threads cause no redness in the neighboring skin, they may be left for several hours longer, to prevent any dragging on the recent adhesions. When the flaps are thus in apposition, the edges are more closely brought together, by means of strips of plaster applied over the face of the stump, at a little distance from each other, so as to allow of the ready escape of discharge, and the abstraction of the sutures when necessary.

Instead of using, for this purpose, the ordinary resinous plaster, which is a dirty application, readily loosened by discharge, and frequently causing irritation and erythema of the skin; a far more convenient material is found in oiled silk or gold-beaters' skin, spread with a solution of isinglass, which is allowed to dry. This plaster is sufficiently firm and tough to support the heaviest flaps; it is very adhesive, and, being impervious to water, remains for many days without becoming detached; it does not irritate the skin; and, lastly, as it is quite transparent, the line of union may be seen distinctly through it, and additional support may, at any time, be given to a particular part, where it is seen that the lips of the wound are separating. This dressing is found perfectly sufficient for the first three or four days, or even longer in some cases; the stump being kept gently elevated on cushions covered with oiled silk. No bandage is applied at first, but the stump is left uncovered and cool.

In general, very little inflammatory swelling takes place under these circumstances, and what little does occur is not accompanied with pain, because there is nothing to constrict the parts, and prevent their enlargement.

A bandage is seldom applied before the third or fourth day, though occasionally it is made use of earlier, where the stump is large and heavy, and the union by the first intention not as extensive as usual.

At first, however, the roller is not brought over the face of the stump, but is only allowed to approach the end by circular turns. By this means the discharge is not confined, and the strips of plaster are left undisturbed, these being quite sufficient to prevent the lips of the wound from separating.

When suppuration is fairly established in those parts of the stump which have not united by the first intention, the plaster is usually removed, either entirely or in part, and the end of the stump dressed with lint dipped in tepid water, or in a gently-stimulating lotion, and covered with oiled silk. The bandage also is then brought over the end of the stump in such a manner as to support the flaps together, as the plaster hitherto

has done. This simple kind of dressing has the advantage of being cool and clean; and, as it may be easily removed, without much pain to the patient, it may be renewed daily.—*Med. Chirurg. Rev.*

## 2. *Acute Aortitis*.—By NORMAN CHEVERS, M. D.

[A late number of the *Med. Chirurg. Rev.* contains an analysis of a paper by Dr. Chevers, on the subject of Aortitis, read before the Physical Society of Guy's Hospital. We select the following as embracing all the important points.]

*Causes of Aortitis*.—Dr. Chevers thinks, "It may be offered as a broad principal, admitting but few exceptions, that inflammation of the large arteries, and, I may add, of the endocardia, arises either, in conjunction with similar states in other membranes of analogous function, or under a condition of the system in which the whole of the serous cavities are rendered peculiarly liable to the aggression of inflammatory disease of the most rapidly spreading kind and the lowest type."

Not unfrequently inflammatory action is propagated from the lining membrane of the heart to the aorta. And it is not uncommon to notice extreme dilatation of the left ventricle, from chronic disease of the sigmoid valves, as well as concentric hypertrophy of the same cavity, attended by inflammatory reddening in portions of the aorta, and by the effusion of recent lymph, in reddish or straw-colored patches, behind its lining.

Aortitis appears to be a by no means unfrequent sequence of phlebitis. In cases of cachectic patients, where the large veins of the extremities have become suddenly inflamed—either spontaneously, or after injury, or from rheumatism, and, far more frequently, when the uterine sinuses have suffered inflammation, shortly after parturition, in females of feeble and irritable diatheses—all the large communicating venous tubes, and the cava itself, have participated in the mischief, conveying it rapidly to the heart: and here not only have the right cavities of the organ presented the worst forms of inflammatory change, but the pulmonary artery and veins have suffered to a similar degree: and Bouillaud relates a singular case, in which phlebitis extending to the right side of the heart and pulmonary artery, the aorta presented traces of recent inflammation, while the lining of the left cavities was pale, and offered no evidence of disease.

Acute rheumatism has not been known to give rise to fatal

aortitis, but a dangerous form occasionally ensues where a transient attack of acute rheumatism has given rise to that intense form of synovitis which has been termed "purulentarthritis" by Dr. Stokes—a disease marked by effusion of pus into one, or perhaps several, of the large joints, together with the removal, by ulceration, of the synovial membrane, and, occasionally, with the rapid destruction of the articular cartilages: the arterial systems of patients so affected, have been found implicated in the worst degree. Severe aortitis, too, not unfrequently co-exists with secondary inflammation of the serous membranes.

**SYMPTOMS OF AORTITIS.**—Dr. Chevers' symptomatology is not very satisfactory. He says:—

"The general train of symptoms which mark aortitis (as derived from many cases I have collected, together with several I have myself seen) appears to be this:—A patient of cachectic habit, and perhaps subject to some form of passive hæmorrhage, becomes suddenly affected with acute thoracic inflammation, attended by more or less prostration of the system, with a scarcely accelerated but sharp and small pulse, and somewhat hurried and difficult respiration. These symptoms, having been preceded by rigors, usher in an attack of acute inflammatory fever, with general uneasiness, presently amounting to a state of extreme irritability: pain, occasionally of great severity and tearing character, in the præcordial and abdominal regions, along the course of the spine (a sign of importance, inasmuch as those forms of pleurisy and pericarditis which usually complicate aortitis are rarely indicated by continual pain:) there is now a tendency to syncope, alternating with restlessness, great heat of skin, a furred and vividly red condition of the lips and edges of the tongue, unquenchable thirst, and a rather full and rapid pulse, with tumultuous action of the heart, imparting a sensation of *fremissement* to the hand applied over the præcordia. After a time, these symptoms are succeeded by the signs of collapse: there is now extreme prostration; the features either shrink and become sharpened, or are bloated and livid; the surface is cold and discolored; the pulse rapid and indistinct; the breathing difficult, to orthopnœa, or it may become stertorous; the patient falling into a state of coma, from the occurrence of effusion into the base and cavities of the brain: the extremities swell, their superficial base showing, through the skin, in dusky lines of ecchymosed appearance; the respiration is at length performed only by sudden gasps at long intervals; and the patient dies with the general aspect of a person suffering from the absorption of an animal poison.



Such are the symptoms which mark the typical form of the disease; but, in the majority of cases, very few of them are present. Thus a patient sinking from the effects of erysipelas, of extensive suppuration, of phthisis, or, again, from the irritation induced by a surgical operation, may be the subject of extensive aortic inflammation, and still have few symptoms superadded to his condition of prostration and general constitutional disturbance beyond some dyspnœa, together with an increased degree of irritability and distress: so entirely ataxic are some of the forms of acute disease, to which the aorta is liable. Dr. Bright, however, mentions an important sign, which he noticed in three cases of aortitis; namely, the existence of a state of morbid insensibility so intense over all parts of the body, that merely pressing the wrist of one of the patients caused him to cry out with pain."

But the disease may escape observation in the last stages of a typhoid fever, or in common with mere thoracic inflammation, or in those who have sunk under low forms of the exanthemata. So that our readers may well suppose that aortitis is more often recognized on the dead than on the living body.

**TREATMENT.**—The admission, on the part of Dr. Chevers, that the disease is a desperate one, is also an admission of the usual futility of treatment. Indeed we may safely venture to say that the disease is as difficult of treatment as of diagnosis. Dr. C. thinks that the occurrence of aortitis, and its concomitant inflammations, might frequently be obviated, by constant attention to the state of the secretions of those who appear to be liable to these attacks, at the same time allowing a proper and nourishing diet, with the temperate use of stimulants where they have long been taken habitually. And it is probable, that surgical patients, in great metropolitan hospitals, would generally escape these attacks, if, before being submitted to operations for the removal of chronic local disease, they were kept a few weeks upon a moderately strengthening diet; and were it to become an established rule with surgeons, to defer, if possible, the performance of any operation upon individuals, suffering either from hepatic disorder, or from those states of renal disease which are indicated by albuminous urine, until these conditions were removed, or mitigated, by the usual medical treatment. Dr. C. conceives that, in the commencement of aortitis, the milder preparations of mercury may be given in *small* proportions, combined with large doses of opium or hyoscyamus, providing the patient remains perfectly free from symptoms of cerebral mischief. Again: where there is evidence of great excitement of the circulation, remedies tending more im-

mediately to tranquillize the heart's action, as digitalis or the acetate of lead, may be employed in combination with opiates. These means will be aided by the application of counter-irritation to the chest and back; but not to a degree sufficient, either to produce severe lesion of the integuments, or to add to the general irritation in the system. The infriktion of tartarised antimonial ointments, as recommended by Dr. Copland, together with dry-cupping, are not contra-indicated; whereas the use of blisters, issues, and setons, is highly objectionable, on account of the feeble power which the constitution possesses, during the continuance of the disease, to repair structural lesions, even of the slightest kind.

In the latter stages of aortitis, the frequent administration of small quantities of the stimulants to which the patient has formerly been habituated, or of ammonia and other agents calculated to fulfil the same intention; with the application of warm and stimulating liniments to the chest, will nearly comprise the therapeutics of this disease.

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3. *Ligature of the Temporal and Facial Arteries in a Case of Epilepsy.*—By M. VELPAU.—A man thirty-six years of age, who had been affected with epilepsy for seven years, which followed a fright, was admitted, on the 29th of March last, into the hospital of *La Charite*, under the care of M. VELPEAU. The attacks had occurred eight or ten times in a month, but daily for the last three months. He had some very severe attacks in the hospital. On the third day from his admission, M. VELPEAU, emboldened by some facts scattered here and there in science, and which have hitherto passed almost unnoticed, tied the two temporal arteries. On the same day the patient had another fit, but slight, and on the following day he was perfectly tranquil. On the 4th of April, M. VELPEAU compressed the two facial arteries on the borders of the inferior maxilla. The fit did not return; and, on the 5th of April, the surgeon tied the two facial arteries. The patient quitted the hospital on the 15th of April, only having had one fit since the 5th, although for months he had not passed a day without at least one attack. He has promised to return to the hospital occasionally. The case is interesting, though farther observation is of course necessary to show whether the ligature of the arteries was the cause of the cessation of the fits.—*Am. Med. Intel.*, from the *Bulletin General de Therapeutique*.

4. *Death caused by Homœopathic Pills.*—The papers have been circulating the following paragraph.

“The Duke of Canizzaro died from taking three pills at once, ordered to be taken singly, either through his own mistake or through that of his homœopathic physician, and that these pills contained arsenic. Thus we see a noble man, in the enjoyment of a large fortune, dying, poisoned like a rat. Considering these pills were prescribed in conformity to homœopathic practice, in which only millionth doses are supposed to be used, so that a few hundred thousand portions might be taken without producing death, one can look upon this result as no less extraordinary than unfortunate. It gives rise to no little matter of reflection upon the power of the active effect of these doses of fabulous diminutiveness, and it shows that these optimists may err who think that homœopathy is a mere hocus-pocus, like the Papists of the seventeenth century.”

We have always thought and said that the clever rogues among the homœopaths take good care to give active doses of medicine, under cover of their infinitesimal humbug;\* here is a case in point. How could the Duke of Canizzaro die from swallowing two or three hundred-millionths of a grain of arsenic? The quackery and imposture of the thing are palpable. But it is of no use telling the world to avoid quacks. They will be gulled, and, therefore, individuals like the Duke must pay for it.—*Med. Chirurg. Rev.*

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5. *Medical Classes.*—The Classes in the Institutions named below, at the last session numbered as follows:—Medical College of Ohio, 152; Transylvania University, 271; Medical Institute of Louisville, 262; University of Pennsylvania, 363; Medical College of South Carolina, 158; Harvard University, 118; Jefferson Medical College, 209; Medical Institution of Geneva College, 116; Medical Department of Yale College, 47; Albany Medical College, 101; Berkshire Medical Institution, 103; Medical College of Richmond, Va., 55.

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\* There is no doubt much truth in the above declaration, and we rather guess that this remark would well apply to regions not very remote from the Queen City.—*Ed. Lancet.*



# THE WESTERN LANCET.

CINCINNATI, JUNE, 1842.

## MEDICAL CONVENTION OF OHIO.

The fifth regular meeting of this primary assembly commenced in the city of Cincinnati, on Monday, the 16th of May, and remained in session five days. Near one hundred members were in attendance, representing many of the interior Counties of the State.

The following officers were elected for the ensuing year:—

*President.*—ROBERT THOMPSON, M. D., of Franklin County.

*First Vice President.*—G. B. S. HEMPSTEAD, M. D., Scioto “

*Second “ “* JAMES LAKEY, M. D., Hamilton “

*Third “ “* E. A. ATLEE, M. D., “ “

*Fourth “ “* W. H. GRIMES, M. D., Green “

*Fifth “ “* WM. MOUNT, M. D., Hamilton “

*Sixth “ “* C. C. SAMS, M. D., Highland “

*Recording Secretaries.*— { L. M. LAWSON, M. D., Hamilton “  
 { BENJ. DENNIS, M. D. “ “

*Corresponding Secretary.*—WM. M. AWL, M. D., Franklin “

*Treasurer.*—WM. WOOD, M. D., Hamilton “

The following papers and reports were read during the sitting of the Convention:—

1. The influence of heat and cold on the animal system—By G. W. BOERSTLER, M. D.
2. Modus operandi of medicines—By J. P. HARRISON, M. D.
3. Syphilis—By R. D. MUSSEY, M. D.
4. Causes and treatment of milk sickness—By JOHN DAWSON, M. D.
5. Topography, climate, and diseases of the County of Scioto—By G. B. S. HEMPSTEAD, M. D.
6. Report on the Eaton Medical Society—By PLINY M. CRUME, M. D.
7. Report on the Warren County Medical Society—By E. FISHER, M. D.
8. Laws of organic life—By

E. A. ATLEE, M. D. 9. Diseases of the heart—By N. WORCESTER, M. D. 10. Wounds of the intestines—By S. D. GROSS, M. D. 11. Report on animal magnetism—By R. THOMPSON, M. D. 12. Periodical influence of a miasmatic diathesis upon local inflammation, and general diseases of a continuous character—By W. J. BARBEE, M. D. 13. Pathology of fever—By J. P. HARRISON, M. D. 14. Prejudices against the profession—By M. B. WRIGHT, M. D.

The papers read before the Convention gave indubitable evidence of accurate thought and profound research on the part of the authors; and, while many of them exhibited the bold originality of the *West*, they were all characterized by an evident acquaintance with their subjects, and good general views, that would have done honor to any medical association of Europe or America. Those who were present at this Convention were convinced that western physicians have the ability to reason and deduce principles, unaided by transatlantic genius. Although the luminaries of the West may not extend their rays to other climes, yet, not acting as satellites to any *system*, nor assuming the borrowed plumage of others, they rest secure upon an immutable basis, uninfluenced by the many ephemeral illusions that agitate the philosophical world.

The proceedings of the Convention will shortly be published; it would, therefore, be an improper anticipation to present any analysis of the papers read.

The *general* objects of the Convention we presume to be two-fold. First, improvement in medical science; second, the cultivation of personal and social friendship. The *special* objects are, to collect *original facts*, in relation to our epidemic and endemic diseases. Modified as our diseases are by climate, habits, *medication*, and other causes, an imperious necessity exists for original observations on these subjects.

But one opinion, we think, prevailed in the Convention as to its utility. That body was constituted of the aged and young—the gray-headed veteran, who had spent a long and useful life in the exercise of a benevolent profession, and he, who was just entering the threshold of his duties, met; and each felt the influence of those broad and equable principles which extend their benign influence over a common brotherhood, enlisting kindred feelings. Some of our most distinguished physicians were present; men who have risen *pari passu* to the most elevated rank in professional attainments, and on whose brows well deserved laurels flourished with peculiar freshness.

Young men, too, who had just emerged from the toils of protracted elementary study, and who had *safely* passed the dangers of the *green-room*, freely commingling with their brethren, rejoiced in the bright anticipation of future achievements, and learned lessons of perseverance from those more advanced. Scientific instruction was most happily blended with social intercourse. If any asperity of feeling existed when entering upon these deliberations, the fact that *all* the members parted in the full possession of personal friendship is undoubted, and establishes one position favorable to these meetings firm as the eternal hills.

The Convention adjourned, to meet in Lancaster, on the second Monday in May, A. D. 1843.

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#### NEW MEDICAL PUBLICATIONS.

We are informed that a new medical journal is about commencing in Louisville, Ky. Also, a new quarterly is advertised in Boston, to commence in July next if sufficiently encouraged.

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#### PHARMACOPŒIA OF THE UNITED STATES.

The revised edition of this valuable work is announced in Philadelphia, but has not yet been received in Cincinnati.

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#### NECROLOGY.

The death of Professor Davis, of University College, London, is announced in the January number of the American Intelligencer:— and also that of Dr. Birkbeck, of London.

We learn by the Boston Medical and Surgical Journal, that the Arcadia, which recently arrived at Boston, brought the melancholy intelligence of the death of Sir Charles Bell. He died at Hallon Hall, near Worcester, England, on Friday, April 29th, where he had been invited to dine.



THE  
WESTERN LANCET.

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Cincinnati, July, 1842.

No. 3.

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ORIGINAL COMMUNICATIONS.

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ART. I.—*Observations on the Incurability of the third stage of Phthisis.*—By N. WORCESTER, M. D., of Cincinnati, Ohio.

NOTWITHSTANDING the general accuracy of the opinions of Laennec, later investigations have demonstrated that some of his most positive assertions were made, either from conclusions drawn hastily, from an inadequate number of observations, or from preconceived notions, not sustained by extensive experience.

Two of his propositions, which were laid down almost as axioms, have exerted a most extensive, and, as it seems to me, a most pernicious influence. These propositions are—1st. That tubercles, when once deposited in the lungs, have an irresistible tendency to go through the course of softening, ulceration, and formation of cavities; or, in other words, to run into the third stage of phthisis. And, 2d. That the cure of this stage was “very common by the cicatrization of the cavities.” The first of the propositions, as it is almost universally denied at the present day by pathologists, I shall leave to some future time, and will briefly inquire into the present state of the evidence in regard to the latter.

Till within a very few years the possibility, nay, the frequent occurrence of the cicatrization of tuberculous cavities, was never

called in question. The evidences of the cicatrization of the tubercular cavities are derived almost exclusively from the appearances found in the lungs after death. The more important of these are the following. On inspecting the lungs, there is very often observed upon the surface, especially of the upper lobes, depressed portions, with a wrinkled, puckered appearance. These portions may be small, consisting of a single depression; or they may occupy some square inches; they may be single or several. If cut into, and examined carefully, they seem to consist of fibrinous or cartilaginous matter, with indurated lung, sometimes with considerable black deposit; sometimes, in the midst of a depression, a small cyst is found, with thick fibrous or cartilaginous walls, containing either chalky matter, rarely pus, and even tuberculous matter. 2d. Besides these appearances, not unfrequently upon the surface of a lung will be found a groove, or longitudinal depression, somewhat puckered and contracted. If this be cut transversely there will be found a thin, flat plate of fibrinous or cellular matter, sometimes extending into the lung an inch in depth. Not unfrequently there will be found bronchial tubes and blood-vessels of considerable size, terminating abruptly in these condensed portions of the lungs. From these appearances, Laennec was induced to consider them as the cicatrizes of tuberculous cavities. These appearances, however, may be satisfactorily accounted for by other and more simple means. Both symptomatology and pathological anatomy prove, that inflammation of the serous membrane of the lungs is a very frequent disease. In a large majority of cases of autopsy, adhesion between the costal and pulmonary pleura are found. Sometimes effusion of lymph is extensive, embracing a whole lung; at other times it is very small, covering a small portion only; and even where the inflammation has been extensive, the lymph will be found to have been exuded of very unequal thickness. Now suppose we have pleurisy, with effusion of serum and lymph; the lung is compressed by the fluid, and, in this state, on some portions of it a thick coat of lymph will be deposited: as this hardens, it prevents the lung, in those portions from expanding as the serum is absorbed, and will leave the lung

contracted and puckered in those parts. This appearance will be very much increased by the well known law by which fibrine always contracts after its organization. By degrees the fibrine is absorbed, till at last it is reduced to bands that bind together the pulmonary tissue, and allows portions to escape, which gradually become pervious to air and expand, and produce that well known mammillary appearance so common in these contracted portions. If, by compression from effusion, two portions of inflamed lung be brought in contact, they will adhere, and give rise to the thin lamella of fibrine, which, contracting, will produce a puckered appearance; thus causing what seemed to Laennec a cicatrix of the cavity. Some of the more important reasons for not considering these appearances as evidences of the cure of the third stage of phthisis are the following—1st. All these phenomena are found in lungs, where, at the time of death, no trace of tubercle can be discovered; and where we cannot learn from the previous history of the individual that he has ever been affected with a cough; so that there is no proof that he has ever had a cavity of any sort, to say nothing of its being of a tubercular character. 2d. These appearances are extremely common, but from every physician's experience we are taught to hope for nothing when we have detected a tubercular cavity of the lung; now we might reasonably hope occasionally to meet with a case of the contraction and cure of a cavity in our practice, from the frequency of these post mortem appearances. 3d. Well authenticated instances of recovery from phthisis in the last stage, where the state of the lungs had been carefully investigated, by means of auscultation, are extremely rare, and can be more satisfactorily explained by supposing the physician might be mistaken in his diagnosis, than that such cases are exceptions to so general a law; but even allowing all that is asked—that these cases are really bona fide cures of phthisis in the third stage—it still remains to be proved that these cases were cured by a cicatrizing of the cavity at all; and any connection between such cases of cure and these pathological conditions is rendered improbable by the great disproportion between the rarity of the one and the frequency of the other. 4th. From the great difficulty ex-



perienced in getting mucous surfaces to adhere elsewhere, we should not expect to find such perfect adhesions so very common in the lungs, exposed as they are to never ceasing motion by expansion and contraction, and the passage of air, separating the walls at each act of respiration. 5th. These appearances are always found upon the surface; no evidence that deep seated cavities ever take on this mode of contraction and cicatrization. 6th. These appearances are occasionally met with in portions of the lung, where experience teaches us that the original deposition of tubercle, say on the middle and inferior lobes, is seldom found.

The large bronchial tubes which abruptly terminate in these portions of condensed lung, may be simply dilated, an occurrence not infrequent; or they may be of a normal calibre, running to this portion of lung before it became contracted; that such is sometimes the fact, is proved by the same tube reappearing of its normal size, beyond this condensed portion of lung.

The existence of chalky matter in these depressions does not prove that tubercle has previously existed there; but allowing, what is perhaps true, that this calcareous deposit is the remains of tuberculous matter, this does not prove that a cavity even existed there; is it not more probable that tubercles existed there, and that the soft parts were gradually absorbed, and that this hard, calcareous matter, is left? This alters the whole face of the matter, and simply proves, that the *first*, and not *third*, stage of phthisis is curable.

Nor does the existence of real tuberculous matter and pus in these situations, prove that they are cicatrices. Tuberculous matter is found in adventitious membranes, deposited elsewhere than in the lungs, and when found in these condensed portions of the lungs, may very probably be undergoing the changes of the first and second stage, and not the result of the third stage of phthisis.

Besides the mode of cure of the third stage of phthisis by cicatrization of the cavity, many have taken the cavities found in the lungs, enveloped in a fibrinous or cartilaginous membrane, for tubercular excavations, gradually becoming lined with this

thick wall, and thus effecting the same end, viz. the cure of tubercular phthisis. The burden of proof does not here rest with us. That nature never resorts to this mode of cure, we cannot, in the present state of science, assert; but that these cavities were ever tubercular still remains to be proved. The simple existence of these cavities after death, either with or without tuberculous matter in the vicinity, does not prove they were originally tuberculous; and that at least a large proportion of them will be eventually assigned to dilated bronchial tubes is very probable. There is not then sufficient evidence that a tubercular cavity ever cicatrizes.

While nature may occasionally affect a cure in the third stage of phthisis, these cases are infinitely less frequent than has been supposed, and the mode by which it is effected has not yet been discovered.

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ART. II.—*Clinical Lecture, Delivered, June 1st, 1842, in the Cincinnati Commercial hospital, on Cardiac Affections.*—  
By JOHN P. HARRISON, M. D., Professor of Materia Medica in the Medical College of Ohio.

GENTLEMEN :—To-day I invite your attention to a very important class of diseases. I allude to affections of the heart. Within a few years the subject of cardiac diseases has assumed great consideration in the eyes of enlightened physicians, and much light has been shed, by recent investigations, on their pathology and treatment. It requires considerable practical tact to detect the presence of real disease of the heart. Functional derangement, evinced by an irregularity in the impulse and sounds of the heart, may be mistaken for serious organic lesion, and a grave structural affection may pursue its destructive course without any very remarkable phenomena. Thus, one patient, a nervous, excitable female, may have repeated attacks of palpitation, accompanied by difficulty of breathing, and yet no deviation of organic integrity in the substance of the heart, or its membranes, external or internal, or in its valves, be present. But another patient may be dying of pericarditis, or even

may be destroyed by valvular disease, yet without very strict scrutiny of the case, you may permit your patient to die, and have no correct conception of his malady, until a post mortem investigation is had.

Recently I witnessed the examination of two bodies, in both of which very serious cardiac disease (causing death in both cases) was revealed. One was a little girl, of about eight years of age, and the other was an aged gentleman, of about fifty-five.

The little girl had been affected with ague and fever several months before her death, but had recovered from it, in some degree, when articular rheumatism seized her. This was met opportunely by the ordinary remedies; and the child was able to sit up, and was taken down stairs, and even rode out in a carriage. The physician in attendance, a gentleman of good practical discernment, and well versed in the doctrines of his profession, did not feel alarmed at his patient's condition, until the day of her death, when symptoms of great embarrassment in the respiration, and the serious disturbance of the heart's action, excited great apprehension of the issue. During her illness she was so irritable and unmanageable that no proper inquiry, by the ordinary means of physical diagnosis, could be made. After her death, and before he opened the body, the attending physician was pretty confident that she died of heart disease. And this opinion proved correct, for a most extensive inflammation of the pericardium, with lymph and serous exhalation, and slight adhesion of the pericardium to the heart, were seen.

In the old gentleman's case, there was likewise considerable obscurity, though just preceding death his physician was confident that disease of the heart was present. This patient was a stout, muscular man, accustomed to work diligently at his trade, which was that of a cutler and surgical instrument maker; and his habits were regular. He had consulted his family physician several months before his death, and complained at that time of some uneasiness and difficulty in the left side of his chest, with pains extending down his arms. No serious cardiac affection was suspected, until the day before the night in which



he died. He had gone to church, and whilst there felt very uncomfortable about his chest, and experienced great exasperation of pain and a sense of sinking on his way home, which was not any great distance. That night he died, after having been bled. Upon inspection of the body, it was found that the cause of his sudden dissolution was in the aortic valves, which, from thickening and puckering up, were inadequate to the closure of the aperture; and, of consequence, a reflux of the blood must have occurred, and the heart's action arrested by its accumulation in the left ventricle.

I allude to these cases merely for illustration, that a more pointed enforcement of the practical weight of the subject, may be made on your minds, than could be imparted by general reflections.

But in what way are we to approach the study of diseases of the heart? I answer, first—you must understand the natural sounds and impulse of the heart; then inquire into the morbid sounds and motions of the organ; and lastly, endeavor to ascertain the connection that exists between these abnormal sounds and motions, and particular states of disease of the lining and investing membrane; of the substance of the heart, and of its valves.

I shall not attempt, of course, in one lecture, to present to your consideration more than an outline of the subject, which I hope you will prosecute at your leisure, for it deserves your most protracted and strenuous research.

After giving you a hasty sketch of the natural and morbid sounds of the heart, and the respective conditions upon which they are dependant, I will exhibit to you a morbid specimen taken from a subject who died the day before yesterday, in the Hospital, from disease of the heart.

First, let me say that, in order to study the morbid sounds of the heart, you must carefully inquire into the conditions upon which are dependant the physiological sounds of the organ. Nor should you confound the sounds of the heart with the impulse; for these are distinct, and not related as cause and effect.

There are two sounds of the heart—called the first and se-

cond sounds. The profession are pretty well agreed that the second sound arises from the expansion or tension of the sigmoid, or semilunar valves, at the mouths of the aorta and pulmonary artery.

As to the first sound of the heart, there exists three separate modes of explanation. The first is, that the muscular action of the heart is mainly concerned in its production; the second opinion is, that the tension, or spreading out of the mitral and tricuspid, or auriculo-ventricular valves, by the retrograde column of blood, produces it. Some eminent French physicians, however, urge a third view of the question, which is, that the first sound, which corresponds to the contraction of the ventricles, depends on the depression of the sigmoid valves. I prefer the mode of explanation urged by Billing, which is the second one given above—that the first sound of the heart is induced by tension, occasioned by the reflux tide of blood on the auriculo-ventricular valves.

The impulse of the heart against the ribs is produced by the apex of the organ being tilted upwards and forwards, during the expulsion of the contents of the ventricles, in consequence of the retraction of the ventricles on their base, and on the auricles, which serve, from their distended state, as a fulcrum beneath them.

The impulse or shock of the heart is synchronous with the pulse; or rather, the ventricular contraction which causes the pulse, occurs at no appreciable time preceding the impulsive motion of the blood, felt upon application of the fingers to the wrist. And the first sound of the heart is coincident with the systole of the organ; but the second sound occurs subsequently, upon relaxation of the muscular action. The sounds of the heart undergo change, and are subject to variations, from valvular difficulty—from an anemic state of the system, from endocarditis, and pericarditis. The impulse of the heart is modified and variously altered by hypertrophy, either of the eccentric or concentric kind, and from nervous irritability of the organ, and by whatever hurries the circulation, whether mental excitement, or disturbed states of other parts of the system.

When the impulse is heaving, slow, strong, prolonged, and

extended, a thickening of the walls of the ventricles, with dilatation of the cavities, termed eccentric hypertrophy, may be inferred. Where the impulse is limited, quick, and strong, there concentric hypertrophy, or hypertrophy without dilatation, is likely to be present.

The degree of impulse of the heart varies with the conditions of the general health in the same individual, and in different individuals a wide diversity is witnessed. In some persons, the motions of the heart are scarcely perceptible, whilst in others they are energetic and obvious.

There are several adventitious sounds of the heart with which you should become familiar. First, the bellows sound—the *bruit de soufflet* of the French writers; second, the saw sound—*bruit de scie*; third, the rasp sound—*bruit de rape*. There are several other sounds laid down by HOPE, one of our highest authorities on diseases of the heart, such as the thrill, or purring tremor, the creaking sound, and a few others. But, for our present purpose, two of these sounds may be noticed—the smooth or bellows sound, and the sawing or rough sound.

The smooth, or bellows sound, may arise from an organic or inorganic derangement of the heart. The organic lesions which cause it are:—1. Narrowing of the orifices. 2. Endocarditis, with deposition of lymph. 3. Fibrinous concretions. 4. Dilatation, with inefficiency of the valves. These are the principal organic derangements producing the bellows sound. The inorganic, or functional, are principally two—tenuity of the blood, as in anemia, or chlorosis; and the sudden loss of a considerable quantity of blood.

The rough sound, which resembles the sawing or rasping of wood, is caused by pericarditis. At the commencement of the inflammation of the pericardium, a rubbing, or to-and-fro sound is heard. This may be accompanied by the bellows sound, and then we have the co-existence of endocarditis. This rubbing sound you detect near the centre of the sternum, a little to the left of the mesial line, which is over the base of the heart. It becomes more distinct as the disease advances, and is indicative, in its loudness and roughness, of friction, from the deposition of lymph on the opposing surfaces of the pericardium.



But I must proceed to tell you why the young woman, whose case I am now about to state, and from whom the specimen of morbid anatomy now before you was taken, died; and the symptoms which preceded her dissolution.

Jane Yerker, aged 27, was admitted on the 25th of last month, affected with the following symptoms:—Great breathlessness, severe cough, with a total inability of assuming the recumbent posture; acute pain in the cardiac region; irregular and very rapid action of the heart; bloated countenance; intense head-ache; tumid abdomen; and furred tongue. She has been sick four weeks with this last attack; but, previous to it, she was affected with articular rheumatism of the legs and arms. Her habits have been vicious in the extreme—a combination of venereal excesses with intemperance in drinking.

Upon examination of the sounds and impulse of the heart, I detected, on the day of her admission, the total absence of the second sound of the heart, with a strong, quick shock. There was no visible lateral enlargement of the left side of the chest, but it was more prominent in front. The pulsations of the heart were at least one hundred and forty a minute; and the bellows sound, accompanied by slight rubbing, was detected. She was cupped between the shoulders; took digitalis and calomel; and was blistered; but no means employed seemed available for the arrest of the symptoms, though a partial amendment took place after each cupping. On the second day, the action of the heart was rather more tranquil, being one hundred and twenty strokes a minute; and I could detect a slight second sound.

My diagnosis, on the day of admission, was the following—hypertrophy without dilatation; slight pericarditis, with considerable endocarditis; and valves of the left side of the heart inefficient—the aortic valve especially.

In great suffering, she lived till the 30th of May—five days after admission into the house—incapable all the time of assuming the recumbent position in bed. The day before death, considerable œdema came on in the legs and feet.

A short time after death the *sectio cadaveris* took place. The liver was found much enlarged, indurated, and of a nutmeg appearance. It encroached greatly on both sides of the chest.

The heart, on the left side, was hypertrophied ; intense redness at the base of the heart, in the pericardium, but no coagulable lymph effused ; mitral valves slightly thickened ; aortic valves thickened, cartilaginous, with ossific deposite upon their meeting edges, preventing the closure of the orifice ; the mouth of the aorta diminished. There was no appearance of recent endocarditis, but the thickened state of the aortic valves evinced that inflammation had done its destructive work in the lining membrane of the organ.

Here you have the heart. It has been opened on the left and right sides.—Look at the valvular disease so strikingly exhibited ; and observe the augmented thickness of the left ventricle. The valvular disease would account for that phenomenon, and I suppose that the articular rheumatism must have produced endocarditis, which brought on the rigid and cartilaginous state of the left sigmoid valve.

There was a poor young fellow in the hospital last February, who died of pericarditis of the most acute character. He lived fourteen days after his admission ; but decided symptoms of pericarditis did not show themselves till three days subsequent to his entrance, and not until the articular rheumatism, with which he was severely affected five days prior to his admission, was very sensibly meliorated.

The Professor of Theory and Practice of the College, who treated this case, put him under the use of calomel and antimony, and had cups applied to the left side of the chest. Slight ptyalism was present on the 6th day, and a free perspiration, with copious bilious discharges from the bowels, took place that night. The local pain about the region of the heart left him, but a general soreness remained ; pulse now soft and fluent. The compound tincture of guaiacum was given on the 7th day ; and on the 8th day he became worse toward evening ; breathing short and distressing, and great restlessness. One drop of hydrocyanic acid, and one-fourth of a grain of acetate of morphine, in half an ounce of water, were given five times during the night. The attrition, or rubbing sound of the heart, very perceptible. Jaundice came on very rapidly.

9th. Attrition sound not so intense ; jaundiced hue unabated ;

bowels very loose; general soreness of the limbs, with tenderness in the cardiac region.

10th. Medicines continued. No improvement.

11th. Spits blood; bloody alvine discharges; salivation has disappeared; the right hypochondrium very sore and swollen. Nitro-muriatic acid bath applied to the right hypochondriac region. Rubbing and rasping sound, with strong action, of the heart; icterode appearance of the skin deepened.

12th. Some tonic medicine was given, with no benefit.

13th. Worse. 14th. Died.

*Sectio Cadaveris.*—The entire pericardium, with the exception of a small space, adhered to the heart by strong lymphic exudation. There was no obstruction in the gall ducts, and no valvular disease of the heart.

Now what kind of treatment is best in such cases? Let me give you two more instances of heart disease, derived from private practice; and, by narrating the course of treatment pursued, and which proved successful in both, you will at once see what should be done.

On the 10th of March of this year, I was called to consult, with two other physicians, on the case of a young gentleman who had been ill near a week. He was taken with pain in the left side of the chest, difficult breathing, and cough, after severe exercise. When I saw him he was jaundiced; had an intermittent pulse; soreness in the cardiac region; and there were decided blowing and attrition sounds, when the ear was applied to the cardiac region. He had been bled several times very copiously. Tartar emetic and calomel were administered freely, and a blister had been applied to the right side of the thorax, reaching below the site of the liver. Upon careful examination, my mind was made up that pericarditis and endocarditis existed; and that, unless the patient was further evacuated, and then with promptitude put under the action of mercury, he would die. He was again bled from the arm; the blister was dressed with mercurial ointment, and calomel freely exhibited. This patient was in a few days decidedly salivated, and his restoration was accomplished.

The other case occurred in my own practice. It was that of



a delicate young lady of fourteen years of age, who was attacked, three days before I saw her, with severe rheumatism. I bled her copiously, and then exhibited tartras antimonii, with colchicum. In four days a decided improvement took place, when a stimulating application was made to the joints affected, and an opiate was given at night. Next morning I was requested to see my patient at an early hour. I found her affected with embarrassed respiration, inability to lie down in bed, with a dry cough, and pain in the left side of the chest, and a most marked rubbing sound of the heart. As her strength was much reduced, I determined to try the effect of counter-irritation, with the liberal use of tartar emetic, calomel, digitalis and morphine. A large blister was applied over the cardiac region in the morning, and another between the scapulæ at night. Half a grain of tartar emetic, two of calomel, one-fourth of a grain of digitalis, and one-eighth of morphine, were given every three hours; and in two days slight mercurialism arose, with a most evident amendment of all the symptoms. The attrition sound abated, the pain disappearing, *pari passu*, with the recession of the rubbing or attrition sound, and the patient gradually recovered from the attack, and is now quite well.

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ART. III.—*Gonorrhœa and Syphilis.*—*Extracts from the work of Dr. Eisenmann, translated from the German, for the Western Lancet, by J. S. UNZICKER, M. D.*

The syphilitic contagion has pus for its medium, which sinks in water, has no smell, and reacts on vegetable colors as an acid. It will kill small birds if introduced in the œsophagus: when spread on flowers (especially roses) will make them wither; and, by inoculation, will produce chancre.

The gonorrhœal contagion, on the contrary, has mucus for its medium, which swims on water, possesses a peculiar smell, reacts on vegetable colors as an alkali. If given to birds in the same quantity will not destroy life, nor have such a malignant influence over vegetable flowers; will, in the usual way of infection, only produce gonorrhœa; and, if inoculated or applied

to a denuded surface, will either produce none or a very different ulcer from that of chancre.

But syphilitic chancre in the urethra or vagina, must also be itself distinguished from gonorrhœal ulcerations in these parts. The latter being known not to form in the beginning of the disease, but in the state of involution, and the secretions also reacting as an alkali.

This alkaline nature is not only peculiar to the primary urethral discharge, but is observable in all morbid secretions produced by the gonorrhœal process.

We examined the pus of gonorrhœal bubo—which another physician, who thought it syphilitic, had brought to suppuration—and saw the curcuma paper distinctly colored red by it, but the litmus paper of a scarce perceptible green.

This power of alkaline action has, according to our observation, no law for its duration; for we found it in chronic even the same as in acute gonorrhœa; but in gleet we could no longer discover a trace of it.

In several cases of morbid urethral discharge, which, from circumstances, we knew were not gonorrhœal, the secretions did not react as an alkali.

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#### ART. IV.—*Note on Spinal Irritation*.—By the EDITOR.

We have recently had to treat several rather remarkable cases of spinal irritation. The most prominent symptoms were slight spasmodic action of the extremities, accompanied with severe pain, sometimes extending round the chest and to the stomach; more or less febrile reaction; great tenderness of the spine; frequently headache; general restlessness; the whole constituting a very remarkable and distressing affection.

The treatment found most successful consisted in venesection, where there was excitement of the circulation, a gentle emetic of ipecacuanha, sinapisms to the extremities and extending along the spine, followed by suitable cathartics. Of these remedies the most important was the emetic. When the violence of the attack was abated, pustulation on the spine, with tartar emetic, was found of great service.

## REVIEW.

*First Principles of Medicine.*—By ARCHIBALD BILLING, M. D., member of the Senate of the University of London, etc. etc. etc. First American, from the fourth London Edition, Revised and Improved.—*Philadelphia, Lea & Blanchard, pp. 304.*

This “little work,” as it has so often been styled, has, so far as we know, received the decided commendation of the English and American periodicals. Editors and reviewers have been unusually lavish of their praises, until by this time, we apprehend, the talented author is completely loaded down with compliments !

It is not our purpose to add any very great additional praise. Indeed this would be a superfluous task, inasmuch as a surfeit has already been afforded ; but we propose giving what, in our humble judgment, we deem a candid and impartial review of the work, without fear, favor, or prejudice.

We begin, then, by asserting that we have been much disappointed in the study of the work—we say *in the study of the work* ; for we have not merely perused it for the purpose of picking out its faults, or admiring its beauties ; but we have studied it carefully over and over, and though we are willing to award to its distinguished author a just meed of praise for his labors in the great field of medical science, we are entirely unwilling to grant that the production before us is a very superior performance, demanding the thanks of the profession. We find in it much to admire, and yet much to condemn ; and while we are entirely willing to pronounce it, upon the whole, a respectable work, yet we sincerely think that it has been lauded too highly.

The author was induced to publish this treatise “by a recollection of the difficulties he had met with in the study of the profession, and by the hope that he might aid in removing them from the path of others.”

The following remark, from the advertisement preceding the text, will explain the nature of his difficulties :—

“Upon commencing the study of medicine and surgery, after having become acquainted with the more precise physical sciences in the University, I was appalled to find it a complete chaos. Our family physician, really a man of great talents, and one of our professors, disheartened me by his answers. I enquired, “What is fever?” Answer, of course, Cullen’s definition. “But what produces it?”



"Sometimes one thing, sometimes another: excessive cold or heat, or the effluvia from a person who has fever." "But what is the cause of the phenomena in the body?" "Spasmodic contraction of the extreme vessels." I could understand that cold might contract the extreme vessels, but I had been taught by the professor of chemistry that caloric expanded every thing. \* \* \* Again, I asked, "When you give a dose of rhubarb or castor oil to stop a diarrhœa of several days' standing, how does it effect this object?" "By clearing away the peccant matter." "But would not the diarrhœa scour away this peccant matter itself?" "Not so well." This did not satisfy me."

Finding thus that the system of Cullen, and Brown, and Broussais, and Rason, as well as the theoretical and practical views of the surgeons, at whose elbows he worked, were all essentially defective, our author went to work to "reduce the conflicting systems of medicine to general principles," and the treatise before us is the fruit of that labor.

Elected Physician of the London Hospital in 1822, and having held that office up to 1836, he enjoyed excellent advantages for observation. During the latter period he has been a teacher in the University of London, and his authority is doubtless much respected. Under all these circumstances it would naturally be expected that Dr. Billing could prepare a work on "first principles" calculated to meet the wants of the younger members of the profession, and one deserving the commendation of his elder brethren.

We have said that it has received the latter in abundance, and we are now about to enquire with regard to the former. We belong to the junior portion of the profession, and we claim the right of asking for the things we want; and when they are not given, we reserve the privilege of offering our objections.

We have experienced the same difficulties that our author was compelled to encounter, and from our very soul have we detested the groundless hypotheses of authors, and demanded, in their stead, facts and principles—and we should rejoice with exceeding great joy if the science upon which our heart is fixed could be placed by the teachers of the present day upon principles so firm, and certain, and useful, as to forbid the future encroachment of any hypothesis, as well as to destroy all baseless theories now in existence.

But, lest our readers should become wearied with a homily on medical improvement, we shall proceed forthwith to our review.

After giving a considerable account of the physiology of the princi-

pal organs concerned in the preservation of health, and involved in disease, the author treats of general pathology and therapeutics, taking up his subject in no precise order, but always with remarkable conciseness.

The following remarks present the views of our author upon the circulation of the blood; and, without offering any criticism thereupon, we would simply ask the question, does not Dr. Billing, so far from accounting for the phenomena of the circulation upon the great laws of vitality, attempt to revive the old, exploded Harvenian error—the “Hydrostatic principle?” Let the reader judge for himself.

“A reference to the hydrostatic principle of fluid in bent tubes finding its level, will be sufficient to account for the capacity of the heart to send the blood, with little effort, all over the frame; and for the refilling of the heart after each contraction. The heart sends the blood against the force of gravitation through but a small portion of the system; for in all the natural positions, upright or horizontal, by far the greatest portion is below the level of the heart. \* \* \* \* The blood then returning from the parts above the level of the heart, tends to refill it by gravitation, even if not aided by the contractile pressure of the arteries; the blood below the level of the heart, or rather, arch of the aorta, returns, by the tendency to find its own level; so that the BLOOD IS PRESSED into the RIGHT AURICLE by the *weight* of the *returning blood* from all the parts *above* the level of the heart, added to the *pressure* caused by the *difference* of the *height* of the *arch* of the aorta *above* the *right auricle* of the heart; and, in addition, by *whatever remains* of the *contractile* pressure of the *arteries*. \* \* \* \* The moving powers are, the *contractile force* of the heart, *gravitation*, and the hydrostatic principle above stated, of the *tendency in fluids to RETURN to the same level.*”

The following explanation of *animal heat*, we think, is exactly correct, provided, of course, the expressions “charcoal fire” and “wood fire” be taken in an accommodated sense.

“The ANIMAL HEAT has been accounted for in different ways, by several ingenious physiologists: from the aggregate of their opinions and experiments I deduce, that *heat is extricated all over the frame; in the capillaries, by the action of the nerves during the change of the blood from scarlet arterial to purple venous; also, whilst it is changing in the lungs from purple to scarlet.*

There is a perpetual *deposition*, by the capillary system, of *new matter*, and decomposition of the *old*, all over the frame, influenced by the nerves: in other words, the galvanoid or electroid influence of the nerves, which occasions these depositions, keeps up a slow combustion. In this decomposition there is a continual disengagement

of carbon, which mixes with the blood returning to the heart at the time of its change from scarlet to purple; this *decomposition* being effected by the *agency* of the *nerves*, produces constant extrication of caloric; again, in the lungs that carbon is thrown off and united with oxygen, during which *caloric* is again *set free*; so that we have in the LUNGS a CHARCOAL FIRE constantly burning, and in the OTHER PARTS a WOOD FIRE, the one producing *carbonic acid gas*, the other *carbon*; the *food supplying*, through the circulation, the vegetable or animal *fuel* from which the *charcoal* is prepared that is burned in the lungs."

Physiologists have been at extremes on this subject, as well as upon many others—some referring the production of animal heat to the lungs alone, others to the capillary system alone. Dr. Billing's view gives the truth which lies between the two—or rather, offers a compromise.

We hasten on to the author's principles of pathology. And, first of all, as the reader will doubtless expect, we have presented to us the much hackneyed and perplexing topic of *inflammation*. This to many is certainly a great bore; and to the plain practical man has become, in a theoretical point of view, a matter of no importance; and while the lecturer is laboring to establish his views upon the matter, your common sense practitioner may well say to him, "Sir, you can talk about inflammation, but I'll tell you what I can do—I can *cure inflammation*." Let us see, however, what our author says:—

"It is very common to say, that in INFLAMMATION there is an increase of arterial action; but a consideration of the phenomena, and of the nature of arterial action, will show that in INFLAMED PARTS the CAPILLARY ARTERIES are WEAKER in their action; that there is DIMINISHED ARTERIAL ACTION, for the action of arteries is contraction: now the arteries in inflamed parts are evidently larger than before—less contracted, that is, acting less. \* \* \* This enlargement of vessels is not from increased action, but, on the contrary, from their action being diminished, their giving way and being *dilated* by the injecting force of the heart. The way to diminish the inflammation is by increasing the action of the arteries, as by cold or astringents, which make the arteries contract, that is, increase their action; so that, so far from the arteries in an inflamed part being in a state of increased action, one of the means of *diminishing inflammation* is by *increasing arterial action* in the part inflamed. \* \* \*

\* \* \* As the heart, therefore, acts against the capillaries, if we cannot cause them to contract strongly enough to resist its force, we are obliged to diminish the force of the circulation. \* \* \*

Sometimes parts are loaded with blood when we cannot find evidence of inflammation, and which state we call *congestion*. Inflammation or congestion are but varieties of distended vessels, which, if



they cannot unload themselves, we assist, by applications or medicines which make them increase their contractile action; or, if that alone is not sufficient, by taking off some of the force which infects them, or, as it is called, the *vis a tergo*."

Now we honestly conceive that our author has here fallen into several errors in relation to this much disputed point in pathology. To enumerate them:—

*First.* He has erred in representing inflammation as a simple phenomenon—for it is exceedingly complex.

*Second.* He has erred in stating, in such broad and extensive terms, that "the capillary arteries are *weaker* in their action in inflamed parts"—for this weakened action is only *one of the items* of inflammation—one of the series of phenomena which this morbid state presents.

*Third.* He has erred in stating, *as a rule*, that "the way to diminish inflammation is by increasing the action of the arteries, as by cold or astringents"—for, admitting his *rationale* of the action of cold or astringents, viz. that they "make the arteries contract, that is, increase their action," we have, nevertheless, to encounter inflammation very often by stimulants, when we discover the disease to assume a passive form.

*Fourth.* He is altogether too fond of "the hydrostatic and hydraulic principles," in explaining (or rather in failing to explain) the retarded motion of the inflamed parts. The heart is made a great force-pump—pumping out with mathematical certainty a given quantity of blood, which, flowing along through distended vessels, is compelled to move slow in the inflamed parts—on the principle that water moves slow in a wide part of a river. We really supposed this notion to have been buried in oblivion ages ago. Perhaps, however, we are behind the times.

*Fifth, and lastly.* He errs in supposing that "an increased action in the arteries, both in and leading to the inflamed part, *is just what is required* to diminish the inflammation"—for admitting his pathology to be correct, we presume there is no necessity for adopting such exclusive therapeutics—because we may succeed by diminishing the *vis a tergo*; and so says our author almost in the next breath, as the reader will discover by our extracts.

Here there are "*five points*" of doctrine in which we differ materially from Dr. B. Will the reader bear with us while we dwell upon them a few moments longer?

We have said that the fundamental error of our author consisted in reducing all the phenomenon of inflammation to the simple state of increased action of the heart, and a disturbed or weakened state of the capillaries. Observation and experiment prove the contrary, or rather, show that a very different state of things may obtain in inflammation.

For a long time we have been fully persuaded, that not only is inflammation not uniform in its onset, but that its phases are irregular. The experiments of Philip, Hastings, Thompson, Gendrin, and others, show conclusively that, *in the cases under their immediate observation*, the blood vessels of an irritated part (the web of a frog's foot) acquired, in the first instance, *augmented action*, and that subsequently the capillaries become weakened, the blood retarded in its motion, and the dependant functions interrupted.

But the important question arises—is the first stage of inflammation necessarily and invariably one of augmented or diminished action? One or the other unquestionably presents itself; but are we compelled to fix on either as constant? We cannot, as experiment conclusively establishes *inconstancy*. Dr. B. alludes to the experiments of Parry and Hausmann, which appear, at first sight, to confirm his opinion touching diminished or weakened capillary action, as well as retarded velocity of the blood; but we say of these experiments, as we said of those above mentioned—they only prove that, in certain cases, (like cases to those of the experimenters,) the phenomena contended for make their appearance in the order laid down. Our views upon this subject have been expressed elsewhere, and we have not had occasion to change them. “The first stage of inflammation is not always an active stage; it may be so generally, but we think that its character is formed from the nature of the part, the constitution of the patient, and the nature of the impression. In one case it may be active, and in another passive. Thus, in two cases of burns, the violence done to a part in one case may be so great as to paralyze the capillaries at once, *and require immediate and stimulating application*: whereas, in the second case, the impression made upon the capillaries is such as to create increased action, and demand an opposite course of treatment.”—*Boston Med. and Surg. Journal, Vol. XXIV. No. 2.*

The following observations are very judicious.

“Many persons of great experience practice well empirically, without much brains or reasoning; but he who begins upon principle, and then profits by experience, must become a much more skilful

physician. How many persons apply a poultice to an ulcer, with a tolerable certainty of improving it, without ever knowing or caring for the rationale of the effect? By studying the operations of nature we are led to imitate by analogy. Independently of the regulation of temperature, the usual benefit derived from a *POULTICE* is that of preventing premature scabbing, by the soft moisture assisting the pus to protect the granulations. The German *WATER-DRESSING* has much the advantage over the poultice; the piece of lint dipped in water is lighter than the poultice; the oiled silk over all retains the moisture; and the whole does not spoil the sound skin, as the poultice often does. If poultices be too long applied, *proud flesh* will form, either from a superfluous growth of healthy granulations, or of such as are weak and spongy. Exuberant granulations may be checked, either by applying an *astringent*, such as vinegar, nitrate of silver, or sulphate of copper, &c., which, by constringing the vessels, gives a firmer, smaller granulation; or by merely laying a piece of *dry lint*, to absorb the coagulable lymph as fast as thrown out, thus stop granulation. This accounts for dry lint preventing the healing of some ulcers, and assisting others, according as the granulations require repressing or not; and what has been here stated affords an explanation why, in some cases, dressings should be changed frequently, in others as seldom as possible. Baynton's strapping unites the advantages of keeping the granulations moist, with *support*; but, if injudiciously applied, injury is done by the pressure. Mr. I. Scott has clearly pointed out the *difference*, practically, between *support* and *pressure*: weakened vessels want support, but cannot bear pressure.

\* \* \* \* \*

The application of dry lint will be enough, without an astringent, if the proud flesh be merely too great a growth of healthy granulations, caused by keeping on the poultice too long; but if the granulations are also weak, the astringent will be necessary: this weakness may be known by a livid color, and thin, instead of creamy pus; and if still weaker, the granulations will even melt away, and the sore re-ulcerate. Now an inexperienced person would suppose that the nitrate of silver (lunar caustic) or vinegar would increase the pain; but it is well known that, though they produce momentary smarting, especially if applied undiluted, this soon subsides; so that a person will fall asleep shortly after the application of the nitrate of silver to an ulcer, which had banished rest for several days and nights by its morbid sensibility."

W. J. B.

(Concluded in next number.)



## BIBLIOGRAPHICAL NOTICES.

ART. VII.—*A Report of the Facts and Circumstances relating to a case of Compound Fracture, and prosecution for Mal-practice, in which William Smith was plaintiff, and Drs. Goodyear and Hyde were defendants; at Cortland Village, Cortland County, New York, March, 1841. Comprising statements of the case by several medical gentlemen, together with notes and comments on the testimony.*—By A. B. SHIPMAN, M. D., Cortlandville, 1841, pp. 35.

This was an action brought by the plaintiff, William Smith, to recover damages from the defendants, Drs. Goodyear and Hyde, for alleged mal-practice in the case of a fractured leg. The facts elicited during the progress of the case are contained in the pamphlet before us, from which the following points are selected.

On the 4th of July, 1839, Wm. Smith fell from a building, which caused a compound fracture of the leg, the tibia protruding through a laceration on the inner side, two inches above the ankle joint. The important blood vessels and nerves escaped injury. The fracture was reduced by Dr. Shipman, and the edges of the wound brought together and retained with adhesive strips. Scultetus' bandage was employed, and two long, well padded splints were applied, extending beyond the contiguous joints, and a third on the front of the leg. The patient was fifty years old, of good constitution, but intemperate habits. The next day the patient was removed to the Alms House, and placed under the care of Drs. Goodyear and Hyde, physicians to the House.

Dr. Shipman heard no more of the case until the 13th, when he was called on to assist in amputating Smith's leg. The patient was found in the following condition:—

“His leg lay over the double inclined plane, the bone protruding through the wound nearly two inches: it was dry and dark, and had lost its vitality—the foot turned off and the leg distorted, with retraction of the muscles and shortening of the limb; the leg was swollen and inflamed nearly to the knee; the wound gaped, but there was no loss of substance; upper part of the wound had healed, and healthy granulations covered a portion of the bone—some pus of good quality issued from beneath the bone.—The patient suffered much pain, yet was free from fever; appetite, strength, and pulse, good; tongue clean, and bowels regular.”

Drs. Goodyear and Hyde urged the necessity of amputation, for reason of his age, habits, constitution, state of the weather, and apprehension of fever. This was opposed by Drs. Shipman, Riggs and Carpenter, upon the ground that there was no hectic fever; appetite, strength, and pulse, good, bowels regular, some signs of granulations, but none of gangrene. Amputation was not performed; and, after the consultation, Dr. S. saw no more of the patient for ten days, when he was again sent for, Smith having been permitted to select his surgeon. The patient was found nearly in the same condition as when seen ten days before—bone still protruding.

Dr. S., now having charge of the case, proceeded at once to remove the necrosed end of the tibia, cleanse the wound from pus and maggots, apply splints, and place the limb in an extended position. From this time the cure progressed uninterruptedly, until the union was complete, and the patient able to walk without difficulty, and with but little lameness.

Several medical witnesses were examined on behalf of the prosecution, and fully sustained the treatment of the case by Dr. Shipman.

On the part of the defence, it was proved that the defendants used the eighteen-tailed bandage, and applied splints to the leg, and a plaster over the wound; but that at each dressing the foot fell over, and the bones were displaced. The medical witnesses for the defendants generally concurred in opinion that the excision of the necrosed bone, by Dr. Shipman, was improper, and that *amputation* was demanded by the condition of the patient, and that the treatment by the defendants was good practice.

The case terminated by the plaintiff withdrawing his suit.

The principal difference of opinion in this case was the propriety of amputation. It appears that this measure was urged from apprehension of what *might* occur rather than what *then* existed, although the case was of nearly twenty days' duration. There was no fever, digestion and strength good, and the wound presented nothing particularly unfavorable, except a necrosed condition of the exposed extremity of the tibia. That portion Dr. S. thought proper to remove with the saw, and to make efforts to save the limb. The removal of the dead bone was severely censured, while amputation was urgently recommended. It will be regarded as a singular position, that the irritation consequent upon the removal of a portion of necrosed bone should have been so much feared, while no apprehension seemed to

exist on the subject of amputation. The local and constitutional irritation following the tedious process of exfoliation, under these circumstances, would certainly have been much greater than was produced by removing the part.

We think, upon the whole, that amputation was *not* indicated—certainly not required, as the result proved—that there was as much propriety as ultimate success in the attempt to save the limb; that the removal of the necrosed bone was imperiously demanded, for the double purpose of placing the extremities in apposition, and avoiding irritation; and finally, that the general management of the case, by Dr. Shipman, was in accordance with sound principles of surgery, and indicated much skill and judgment.

In conclusion, we will add, that these differences are deplorable, and every member of the profession should exert his influence to prevent their occurrence. They are destructive to the best interests of a noble science—exposing the errors and improprieties of individuals—exhibiting imaginary defects in settled principles, and bringing contumely and disgrace upon the profession at large. Mutual concessions should be made, until such differences can be settled privately. We hope never to be called on to record such another instance.

It is proper to add that Dr. Shipman did not advise, and had no connection with the legal proceedings, in this case; but thought himself called on to report the facts, inasmuch as extensive misrepresentations had been put in circulation, severely censuring his treatment of Smith's leg.

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ART. VIII.—*An Historical Sketch of American Medicine before the Revolution; being the Annual Address delivered before the Medical Society of the State of New York, February 1st, 1841.* By JOHN B. BECK, M. D., President of the Society; Professor of Materia Medica and Medical Jurisprudence in the College of Physicians and Surgeons, in the city of New York, &c. &c., Albany, 1842, pp. 35.

This interesting pamphlet is from the able pen of Professor Beck, who is well known as a writer of great merit; and, being ardently attached to his profession, he embraces every opportunity to advance its interests, and add to the common stock of knowledge. Historic reminiscences are of peculiar interest and value to the physician; calling up, as they do, events interwoven with the slow but regular



progress of medical literature and discoveries, the mind is made to dwell upon the present and the past, contrasting the merits and demerits of each; and traces, in perspective, the additional triumphs of a favorite science.

American medicine, prior to the Revolution, as will readily be anticipated, was in an exceedingly depressed condition. Few inducements were offered to European physicians to emigrate to the wilds of the New World, and the young native physicians, enjoying none of the advantages of public lectures and hospitals, a rapid elevation of the profession could not be anticipated. On the subject of Medical Practice the author remarks:—

“The earliest practitioners of medicine in this country appear to have been the clergy—this was at least the case in New England, where, for several years after the first settlement of the colony, the functions of the physician and divine were performed by the same individual. This combination has not been uncommon in the history of the world. In the early dawn of medicine, the priests of Egypt and Greece collected and preserved what was known of the healing art, and in the infancy of every country the same association will probably be found to exist. Nor is it, by any means, an unnatural one. Physical and moral evil are so intimately connected that those who are administering relief to the one, cannot be regardless of the other.”

The governors of Massachusetts, and Connecticut and New Haven, by the name of Winthrop, were practitioners of medicine. At an early period, laws were passed establishing boards of examiners, and imposing fines upon all who practised without a certificate. Dr. John Morgan, of Philadelphia, made an unsuccessful attempt to separate medicine, surgery, and pharmacy.

We find the following account of Obstetric Practice:—

“Until about the middle of the last century, midwifery was exclusively in the hands of females, and physicians were called in only in preternatural and tedious cases. According to Dr. Bartlett, of Massachusetts, Dr. James Lloyd was the first systematic practitioner in midwifery in that section of the United States. He had enjoyed the instructions of Warner, Sharp, Smellie and Hunter, of London, in 1753, and in the following year settled in Boston. In 1756, Dr. William Shippen, Jr., on his return from Europe, commenced the same branch of professional business in Philadelphia; and, although at this period physicians were scarcely ever employed in natural labors, it is stated by his biographer, Dr. Wistar, that he did away completely with this prejudice, and in the course of a few years was fully occupied.”

At this early period the humeral doctrine of the celebrated Boerhaave prevailed in America, and medicine was usually given with the view of *altering the condition of the blood*. In the treatment of fevers, bleeding was seldom resorted to, but sudorifics and purgatives were freely given, particularly the former, which constituted the chief medication in febrile affections. From 1760 to 1766 blood-letting was freely employed in pleurisies and rheumatism, though still seldom resorted to in other diseases. Great prejudices existed against the use of opium and bark, which, in many instances precluded their employment. Blisters were applied in the last stages of fever; and wine was recommended in typhus, by Dr. Colden, Lieut. Governor of New York. At this early period American physicians usually followed the practice of the mother country, though they originated some new practice, as will be seen by the following extract:—

“The most important of these, is the application of mercury in the treatment of inflammatory complaints. This practice took its origin as far back as the year 1736, and the credit of originality is generally conceded to Dr. Douglass, a physician of Boston, by whom it was used in the angina maligna, which prevailed extensively over the colonies at that period, and committed the most dreadful ravages. By Dr. James Ogden, a respectable physician of Long Island, this practice was extensively applied in the same disease about the year 1749. In consequence of the success which attended the use of this remedy in this disease, it was shortly after resorted to in other inflammatory complaints; and about the middle of the last century, it was in common use in this country in pleurisy, pneumonia, rheumatism, and others of the phlegmasiæ. I am aware that the credit of this practice is claimed elsewhere; but there can be no doubt that in its origin it is exclusively American, and that to our colonial physicians the world is indebted for one of the greatest improvements ever made in practical medicine.”

Inoculation for small pox was introduced in 1721, by Cotton Mather, a clergyman of Boston, which encountered much opposition, but finally triumphed. The colonial physicians added greatly to the treatment and pathology of croup. Dr. Bayley demonstrated the false membrane following inflammatory action of the trachea; and suggested in the treatment blood-letting *ad deliquium*, and the free use of tartar emetic. The introduction of tartar emetic in the treatment of croup was claimed for Dr. Cheyne, of Edinburgh, but evidently belonged to Dr. Bayley.

A variety of publications, embracing essays and books, made their

appearance prior to the Revolution, among which we note the following as the principal:—"A Brief Guide in the Small Pox and Measles," by Thomas Thatcher; "Some Account of Curing Small Pox, by Ingrafting or Inoculation," by Benjamin Colman, a minister of Boston; "An Historical Account of Small Pox," by Dr. Boylston; "A Treatise on Pharmacy," by Thomas Howard; "The Practical History of a new Epidemical Eruptive Miliary Fever, with an Angina Ulcuscolosa," by Wm. Douglass—Dr. D. was the first to suggest, in this disease, the use of mercury; "A Description of the American Yellow Fever," by John Lining; "A Treatise on Opisthotonos and Tetanus," by Lionel Chalmers. In this paper Dr. C. recommended blood-letting, warm bath, opium, and emollient enemata, in the treatment of these affections. He also published "An Essay on Fevers," in which he measurably discarded the humeral pathology, and adopted the doctrine of spasm and constriction of the extreme vessels. Dr. John Tennent, of Virginia, published an account of the Polygala Seneka, which he recommended in pleurisy, peripneumony, &c., after free depletion. Dr. John Jones, of New York, published a work on wounds and fractures. The first volume of the proceedings of the American Philosophical Society was published prior to the Revolution.

The first attempt to establish a medical school was in 1762, during which year Dr. Wm. Shippen, of Philadelphia, delivered a course of lectures on anatomy (and, according to Thatcher, on midwifery) to a class of twelve students. These lectures continued until 1765, when measures were adopted for a more extended course, and Dr. Morgan was appointed Professor of Theory and Practice, and Dr. Shippen Professor of Anatomy and Surgery. In 1768 Dr. Kuhn was chosen Professor of Botany and Materia Medica; and in 1769 Dr. Rush was appointed to the chair of Chemistry. In 1768 a faculty was organized by the trustees of King's (now Columbia) College, New York, which consisted of Dr. Clossey, Prof. of Anatomy; Dr. John Jones, Prof. of Surgery; Dr. Middleton, Prof. of Physiology and Pathology; Dr. James Smith, Prof. of Chemistry and Materia Medica; Dr. V. B. Tennent, Prof. of Midwifery; and Dr. Samuel Bard, Prof. of Theory and Practice.

The address is written in a clear, perspicuous style, well adapted to the subject. The profession will feel under obligations to Dr. Beck for his industry in presenting this portion of medical history.



ART. IX.—*New England Quarterly Journal of Medicine and Surgery.*

This is the title of a new periodical just published in Boston, and edited by Drs. C. E. WARE and S. PARKMAN. The present number contains original contributions from Drs. Gray, Edward Warren, Storer, Hale, J. B. S. Jackson, Sargent, Hayward, J. M. Warren, and Bethune. The number before us evinces much ability and industry on the parts of its conductors. We doubt not but this journal will prove a valuable addition to medical literature. We heartily wish it success.

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ART. X.—*The Magnet.*

This periodical is published monthly in New York, and edited by LA ROY SUNDERLAND. It is devoted to physiology, phrenology, physiognomy, pathognomy, psychology, and magnetism—business enough, we would say, for one paper. It is truly an unique article; and, it must be confessed, the extraordinary positions assumed by the editor remain to be proven. Let us, however, hear what can be said by the talented editor to support his views, so that he may not be prejudged.

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ART. XI.—*The Principles and Practice of Modern Surgery.*—By ROBERT DRUITT, with notes by Dr. FLINT, of Louisville, Ky.

This work, which is announced in the Medical Intelligencer, by Lea & Blanchard, as being in press and preparing for publication, is highly commended by the medical press. It purports to be a short, but complete account of modern Surgery; and the additions which Dr. Flint is capable of making, will doubtless render it a valuable book to the student, whose interests require a condensed work on surgery brought up to the present time.

## MISCELLANEOUS SELECTIONS AND INTELLIGENCE.

1. *A Case of Thymic Asthma*.—By BENJAMIN DENNIS, M. D., of Cincinnati, Ohio.—As there are many highly respectable physicians who deny the existence of thymic asthma, the following case, which was supposed to be one of that kind, and was treated as such, may possess some interest.

In the latter part of December, 1839, I was called to see a child aged 15 months, son of Mr. C——, of Walnut street, who, according to the unsatisfactory history of the case, as gleaned from its mother, had been, for the five previous months, troubled with difficult respiration, continually wheezing, and occasional attacks of dyspnœa with threatened suffocation. Up to the time just mentioned, the child had been favored with uninterrupted good health; but now, in consequence of the duration of the malady, it was greatly emaciated—reduced almost to a mere skeleton. The attacks of dyspnœa occurred as often as four or five times during twenty-four hours, and each of them created the most fearful alarm concerning its termination.

Having never before witnessed a case of thymic asthma, nor read much relating to its true character, I did not suspect the presence of that affection, but was disposed to regard the case as one of simple asthma. In this error I was not alone, as five other medical gentlemen, who had visited the child before I was consulted, had arrived at the same conclusion. With this view the usual remedies applicable in the cure of asthma were prescribed; but perceiving no improvement in my little patient, I suspected that the difficulty might be the consequence of elongated uvula; upon an examination, however, this proved not to be the fact. I then determined upon a consultation.

January 10th, 1840. Visited my patient in consultation with Prof. J. P. Harrison, who, after instituting a careful inquiry into the history of the family, thereby ascertaining that they were predisposed to scrofulous affections, suggested to me that the case was one of thymic asthma. We immediately proceeded to examine the gland, which was found greatly enlarged, producing a very marked projection of the superior end of the sternum; it extended itself superiorly to the thyroid gland, and laterally to about a half inch beyond the sternal extremity of each clavicle. The following prescription was agreed upon:—

R. Iodine, ℞j.  
Hyd. Potassæ, ℞ij.  
Aqua distillat. ʒj.  
Fiat solutio.

Two drops to be given, in a tea-spoonful of sweetened water, three times a day.

The parts over the gland were directed to be rubbed three or four times a day with salt water.

This course, attended with the gradual improvement in the health of the little patient, was continued for two months, increasing the dose of the iodic solution one drop each successive week, and substituting the ointment of iodine for the salt water.

A small portion of calomel and rhubarb, a grain of each, was prescribed at occasional periods, when the state of the bowels rendered it necessary. Plenty of fresh air, and plain but nutritious diet, were also advised.

The gland continued to diminish in size, and at the expiration of three months from the time of our visit, the health of the little sufferer was completely re-established.

In February last, I was informed, through a friend of the family of Mr. C——, who is now living in Illinois, that the child had had no return of the affection, and that his health was uniformly good.—*West. Jour. Med. & Surg.*

May, 1842.

2. *On the Eclectic Treatment of Delirium Tremens.*—In a recent work (*Practice of Medicine*, vol. 2, p. 346. Philad. 1842) we have stated, that the course pursued by us, in the treatment of delirium tremens, has been entirely eclectic, in many cases expectant, and that the results have been such as to satisfy us. Under the view which we entertain of the nature of the affection,—that the irregularity of nervous action is usually induced by the withdrawal of an accustomed stimulus, and that the recuperative powers are, generally, entirely sufficient to bring about the necessary equalisation, we have treated the mass of the cases which have fallen under our care without either excitants proper, or opiates. In the first instance, an emetic is given at times, if the patient is seen whilst laboring under the effects of a debauch, or any particular reason exists for its administration; and afterwards a state of tranquillity in the chamber is enjoined—the intrusion of too much light and noise being prevented; and, where the stomach will retain it, gently nutritious and easily digestible diet is prescribed; the bowels being kept open by gentle cathartics: and this has comprised the essential part of our treatment. In time, the hallucinations have disappeared, sleep has returned, and entire restoration supervened.

The preceding remarks are a proper prelude to the statistical



account of the Women's Lunatic Asylum, at the Philadelphia Hospital, for the years 1840 and 1841, which is under our charge during the six months commencing on the first of November, and ending on the first of May; and under that of Dr. Pennock for the other half of the year. It may be proper to add, that since November 1st, 1841, to the present time, (May 1st,) not a drop of alcoholic liquor has been used in the treatment of delirium tremens in the Women's Asylum, although some severe cases in the third stage have occurred, which, notwithstanding, terminated most satisfactorily.

*Patients admitted into the Women's Lunatic Asylum of the Philadelphia Hospital.*

YEAR 1840.

	Cases admitted.	Cured.	Died.
Intoxication, - - - - -	25	—	—
Delirium tremens, first stage, - -	34	34	—
“ “ second stage, - 10	10	10	—
“ “ third stage, - 4	4	3	1

The fatal case was not seen by us. The patient died on the morning of her admission into the Hospital, and had been treated in the city for nearly a week previously.

YEAR 1841.

	Cases admitted.	Cured.	Died.
Intoxication, - - - - -	19	19	—
Delirium tremens, first stage, - -	21	21	—
“ “ second stage, - 9	9	9	—
“ “ third stage, - 6	6	6	—

*Editor Am. Med. Intel.*

3. *Fractured Tibia and Fibula of twenty-three days' standing.*—*Retarded Union.*—John R——, aged 22, temperate, strong, and healthy, fractured the bones of his right leg transversely, about five inches above the ankle-joint. The accident occurred at sea, three weeks and two days before his entrance into these wards. The fracture had been reduced soon after the accident, and a rude fracture-box, lined with raw cotton, had been employed while he was aboard ship, to retain the parts at rest in tolerable good position. The patient was admitted into the Hospital March 23d. Very slight union had at that period taken place, the foot was partially inverted, and slight internal angular deformity existed at the seat of fracture.

The fragments having been restored as near as possible to their right position, paste-board, moulded to the leg while wet, was made to produce firm and uniform compression by means of a roller carefully applied as usual to the whole extremity below the knee. The limb thus dressed was confined at rest on a well stuffed pillow in a fracture box, and a good diet with half a pint of porter daily was prescribed.

In fifteen days consolidation had become firm; and in twenty the man was allowed to walk about, the limb being still supported by the paste-board and roller. Discharged May 5th cured, with a considerable amount of callus, but no material displacement of the fragments.

*Remarks.*—This case is chiefly interesting as an example of retarded union, arising most probably from want of sufficient rest. The apparatus intended to secure the fragments against the effects of motion was, in this instance, but poorly adapted to the purpose even on shore, where complete repose is so much more easily obtained, while they had been rarely re-adjusted. The man, moreover, suffered under the disadvantages of a bad diet, and all the other discomforts of a sailor's berth at sea.—*Med. Exam.*—*Norris' Hosp. Reports.*

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4. *Comparative Frequency of Tuberculous Disease.*—By J. B. S. Jackson, M. D.—The following is an analysis of dissections made during the last ten years in this city or the immediate vicinity, and tending to confirm the general statement, that in the temperate latitudes about one-sixth or more of our race die from some form of tuberculous disease.

The whole number of autopsies I find to be 604.

Of these there were excluded 94 cases of patients dying from disease foreign to the lungs, and in which these organs were not at all, or not sufficiently, examined; also four cases in which there was a question between pneumonia and tuberculous disease.

Of phthisis there were 93 cases. Amongst these were included some cases of general tuberculous disease in children, and in which some of the other organs may have been as much or more affected than the lungs. One of these last was a child that died of tuberculous disease of the brain, with considerable disease of the bronchial glands and only a trace in the lungs.

Acute meningitis in 16 cases, tuberculous disease being found in all of them, either in the lungs, the bronchial glands, or in both. The disease was undoubtedly tubercular, though in the first four cases reported, granulations are not mentioned as having been found in the membranes of the brain, not being acquainted at that time with the true nature of the disease.

A case of tuberculous peritonitis, also, may be mentioned, in which, though the bronchial glands were considerably diseased, a single granulation only was found in the lungs.

In the above 604 cases, then, death is supposed to have been caused by tuberculous disease in 110, or in about one in 5½.

In the remaining 396 cases, death was caused by some other than tuberculous disease; but in all the lungs were examined, and in a large proportion it is expressly stated whether there was, or was not found any such disease. Without doubt, the existence of tuberculous disease was occasionally overlooked; but, on the contrary, it was often noted when found in a very small or even minute quantity.

In the above 396 cases, there was no tuberculous disease, nor any remains of any, found in 306; the wilted appearance so often met with at the apex of the lungs, not being considered as satisfactory evidence of the disease having formerly existed. The existence of cretaceous matter, however, was so considered, and cases where this was found were noted as tuberculous, without any discrimination. In 46 cases, tubercles were found in the lungs alone, and in 21 in the lungs and bronchial glands. In 20 they existed only in the bronchial glands, and were in the cretaceous form in all except two. In two cases there were cretaceous masses in the upper part of the thorax, supposed to be the result of old tuberculous disease, though there was no appearance of this last in the lungs, or in the bronchial glands; neither was there in another case, in which an extensive cretaceous deposit was found in the renal capsules, and which was similarly explained.

Several years since my attention was directed to the subject of the infrequency of the occurrence of the tubercular deposit in patients dying from malignant disease, and I was not aware for some time that the same remark had been made by others. Of 33 cases of malignant disease, (in nearly all of which a careful examination was made for tubercles,) it is expressly stated that in 24 none were found; six times they were found in the lungs alone, and in the bronchial glands alone three times.

Of 35 patients dying of various diseases, all of whom were decidedly intemperate, and most of them grossly so, in 26 no tubercles were found; in five there were tubercles in the lungs; in one in the bronchial glands; in one in the lungs and bronchial glands; and only two died of phthisis. In several of the most striking, the organs were as free from tuberculous disease as those of a new-born infant. All of these 35 are stated, in the recorded history of the case, to have been intemperate; probably others are so recorded, and the list might have been



considerably increased ; but no case has been referred to under this head, except where I happened to remember that the patient had been intemperate.

Intemperance certainly does not seem to develop tubercles, even if it has not some effect as a prophylactic ; the remedy, to be sure, would be worse than the disease ; but has it any such effect ?—*N. E. Quar. Jour. Med. & Surg.*

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5. *Traumatic Tetanus Treated by Free Bleeding.*—[Dr. C. C. HIGGINS, of Staffordshire, relates the following interesting case in the London Lancet:]

“James Sleeming, aged 18, a stout farmer’s laborer, on February 5th wounded his hand rather severely with a straw-cutting engine, the nail part of one finger being completely divided. The wound was simply treated, and at the end of fourteen days was apparently well. At this time he got very wet from swimming through the river Blythe, being previously heated, from following the fox hounds, (on foot.) On the night of the 21st of February he slept in a hovel exposed to the weather, which was cold and frosty. From this time he complained of being poorly, and on Friday, the 25th, I was sent for, and found him complaining of violent spasmodic pain at the epigastrium, with great difficulty of breathing; stiffness about the muscles of the neck; an inability to open his mouth, and difficulty of lying down; the pulse 120, full and throbbing; but little fever. I bled him to about twenty ounces; ordered him four grains of calomel and two of opium to be taken directly, and nauseating doses of tartar emetic, combined with a saline aperient, every three hours. The bowels were acted upon, but the pain and spasm not relieved. In the evening of the same day I ordered him one grain and a half of opium every three hours, and a mixture composed of camphor, ether, and laudanum. The spasms still continued with unabated violence, the means already tried apparently not affording the least relief. On the morning of Saturday he suffered very much from the pain and spasm of the diaphragm, and also of the pectoral muscles. I now bled him to thirty ounces from a free orifice, which produced rather a long fit of syncope, in which state he was quite free from spasm; as he recovered it returned, but with less violence.

He still continued taking two grains of opium every three hours with the antispasmodic mixture, and in the evening could open his mouth with perfect ease, and complained of but little pain. On my leaving him he prevailed upon his mother to allow him to get up, which brought on the spasm with in-

creased violence. I was called in the night, being told he was dying; I went, and found him standing by the bed-side, leaning on his mother, the body bent forward, and dreading the least motion, as it increased very much the difficulty of breathing. He remained in this position three hours; I gave him some ether in a state of vapor, which afforded some relief.

On the morning of Sunday I found him in a complete state of opisthotonos, but complaining very little of pain or difficulty of breathing if he was not moved; he was able to talk freely, and swallow fluids without difficulty. At this time he was quite under the stimulating influence of the opium, in a complete state of intoxication; the pulse still 120, full and throbbing. Continued the opium in one and a half grain doses. On Monday, the 28th, I found him in the exact position I had left him, the body resting on the head and heels. Again bled him to sixteen ounces, and directed a continuance of the pills and mixture.

March 1st. Much the same as yesterday; pills and mixture continued regularly every three hours.

2d. Still remains in the same state, dreading the least motion, as it increased the spasm. Medicine continued. During this night he had a profuse perspiration, and on the morning of the 3d appeared much relieved; the opisthotonos so far gone as to allow of his turning on his side. As the bowels had not been relieved for the last two days, I ordered him an aperient draught, to discontinue the antispasmodic mixture, and continue opium pills if the spasm increased in severity. During the 4th he remained tolerably easy, but still dreading any motion of the belly, preferring to lie constantly on his body. From this time he began to move more freely, and open his mouth with greater ease; a considerable quantity of pus and bloody serum escaped from the mouth; the tongue was found much lacerated, and he also expectorated a considerable quantity of mucus tinged with blood. From this time to the 10th he continued to take the opium occasionally, as the least motion brought on the spasmodic action, and has since continued to improve, with occasional spasmodic twitching, and is now nearly well.—*Boston Med. and Surg. Jour.*

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6. M. DUBOIS on the *Auscultatory Signs of Pregnancy*.—The uterine *souffle* is usually perceptible about the fourteenth or fifteenth week of pregnancy: the period at which it may be first heard, being, no doubt, dependent upon the amount of development of the uterus and its elevation above the pubis. The point at which it is most frequently audible is towards the mid

dle of the height of the uterus, on its anterior or lateral (generally the left side) part. In this respect, M. DUBOIS differs from M. NÆGELE, who states that the common situation of the uterine blowing sound is in one of the inguinal regions, extending thence upwards. In most cases, the space over which it may be heard is limited to a circle of two or three inches in circumference. A curious circumstance connected with this sound, is the occasional changeableness of its situation; one day it is inaudible at a spot where it had been distinctly heard the day before, and *vice versa*.

Obstetrical auscultators should be aware of this fact, else they will be apt to be perplexed in some cases. We may mention, likewise, that the uterine *souffle* varies much at different times in its loudness and distinctness, being one day scarcely audible, and on the next, perhaps, very distinct.

That the development of this sound is somehow dependent upon the circulation of the blood through the uterus, appears from the fact that it is always much enfeebled, or even altogether suspended, by the contractions of the organ during parturition—a fact which abundantly proves that the sound cannot proceed from the pressure of the gravid uterus on the iliac arteries, as some writers have alleged. The striking resemblance of the uterine *bruit* to that perceived in erectile tumors, and in aneurismal varices, confirms the above opinion. M. DUBOIS objects to the appellation of placentary or utero-placentary being applied to this blowing sound, for the reason that, although its locality most frequently corresponds with the attachment of the placenta, it continues to be audible for some time after the expulsion of this body, and, in other cases, after the death of the fœtus.

The other sound, that of the fœtal heart, is a still more decisive sign of pregnancy: the number of the pulsations varies, according to the experience of M. DUBOIS, from 135 to 150. The tic-tac sound is usually most distinctly perceived on the anterior part of the abdomen, somewhat to the left side; it is rarely audible before the completion of four or four and a half months of pregnancy.

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7. *A Letter on the Cold Water Treatment of Preissnitz at Graeffenberg.*—[We have already once or twice called the attention of our readers to the new folly of the day, Hydrosudopathy. The following very graphic description comes from a patient—we should say a *martyr* to the process:]

“It requires great patience and perseverance to go through the cold water cure, and it is decidedly the most discouraging



of any other. I shall now give you an exact account of what I have to go through every day, as well as all other persons who are able to bear it. The attendant comes into my room at 5 o'clock, A. M., with a wet sheet as cold as ice. I get up, while he puts a large thick blanket on the bed, over which he lays the sheet, which I have to stretch myself on, when he wraps it close all about me, and then regularly packs me up, so that I am unable to stir a limb, and then puts a soft down bed over all. I remain in that enviable state for one hour; my first impression was that I should be perished to death, but in about fifteen minutes I was in a most comfortable heat, and generally slept until 6 o'clock, when the man enters and unpacks me, taking the sheet away leaving the blanket close about me, when I then go to the bath-room, which is situated but a few steps from my bed-room, when I plunge in head and heels. I am then well dried; and, after being dressed, I set out to walk until 8 o'clock, when I go to breakfast, first taking three or four tumblers of cold water, and about six more before night. Fancy about three hundred persons from all nations sitting down to breakfast on bread, butter, and milk, there being no tea or coffee allowed. We have also abundance of strawberries, so that, I assure you, we all feel perfectly content, and enjoy it much. At 10 o'clock I must be in my room, to undress and take a douche bath, which at first I did not get enamored with. The water is conveyed in wooden pipes from the mountain, and is as cold as possible. When that is over, and I am dressed, I have but a short time to walk, as I must be in my room again at half past 11 o'clock, where a sitz bath is brought in, where I remain sitting for twenty minutes; after which I have until 1 o'clock to amuse myself in the best way I can, when the dinner bell rings and we all congregate as we did in the morning. The room is a very fine one, being 120 feet long by 59 broad, and capable of dining 500 persons, which number and more are here under cure; but a great many stop at Frywalden, a small and neat town, one mile, and where Prissnitz goes twice a day to visit his patients. You would suppose I had the rest of the day to myself, but not so, for at 5 o'clock I must again go into the wet sheet, and take the bath after, as in the morning. We meet at 8 to supper, which consists of the same fare as at breakfast; I am generally in bed by ten, but not before the man comes in with two long wet linen bandages, which he puts round my waist, and at the back of the neck, and between my shoulders, by way of making me *comfortable* for the night. You can fancy from the above how I am to pass my days here, that I have not much idle time on my hands. I did not mention that, in addition, I have to swal-

low from twelve to fifteen tumblers of cold water. Graeffenberg is a very high hill in the centre of three valleys, and what makes it very picturesque, it is all finely wooded at the top, and walks made all through, and on the sides, with numerous seats of all dimensions, placed for the company; and an amateur band comes from Frywalden twice a week to play; and on every Sunday there is a full band that plays all the time we are at dinner, and again after supper, when such as are inclined commence dancing."—*Med. Exam.*, from the *Dublin Jour. Med. Sci.*

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8. *Tying the Spermatic Artery*.—Dr. Winslow Lewis, of this city, tied the spermatic artery on the left side, the other day, with the hope that it might prevent nocturnal emissions in a young man who was almost driven to insanity by their frequency and copiousness. It should be remembered that the foundation of the evil for which the operation may possibly be a remedy, was laid by the habit of excessive masturbation, commenced in early life. The patient had previously attempted to secure the artery himself. At one time he thought of being emasculated; but because he entertained an idea that strength and vigor of intellect depended upon the re-absorption and diffusion of the seminal fluid in the brain, he concluded to try some other schemes to save the organs. Suffice it to say, thus far, since the ligature was placed upon the spermatic artery, there has been no return of the emissions. Dr. Lewis promises to furnish the subsequent history of the case.

It is well known, in respect to overcoming seminal debility, induced by long-continued self-pollution, that physicians have always found it an extremely difficult affair to restore the patient to sound health. We had an interview with a young gentleman, within a few months, who, we ascertained to our own satisfaction, was suffering from the effects of this habit, and who had consulted a host of medical gentlemen, and all without any benefit whatever. Those who are in this condition will doubtless watch, with considerable interest, the result of tying the spermatic artery.—*Boston Med. and Surg. Jour.*

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9. *Galvanism to Remove Cataract*.—By the late arrival of the Columbia at this port, interspersed among other new and curious scientific matters brought by her, we are partially made acquainted with a successful experiment in London for removing cataracts from the eyes by galvanism. It is asserted that several eminent physicians are engaged in the inquiry, and a

good deal of excitement has already been created by the little that has been achieved by the aid of this singular agent. Particulars will be laid before the profession, should any thing be gleaned worth republication.—*Boston Med. and Surg. Jour.*

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10. *Prolapsus Uteri*.—Dr. Dommès, of Hanover, has resorted to the following most extraordinary method of relieving prolapsus uteri. He thrusts a trocar through each labium in the situation of the posterior commissure; through this wound a leaden wire, about four inches long, is passed, and its ends are twisted together so as to retain it in its place. The object of this is to prevent the perforations from closing; and as soon as the wound has healed, which it generally does in a few days, a silver ring is substituted for the leaden wire. This ring is about the size of a sixpence, and opens and shuts with a hinge. The Doctor, in this way, cured a case where there was a very extensive laceration of the perineum, and a prolapsus uteri before deemed incurable. The patient married and became pregnant, (the ring having been removed we take it for granted.) This is certainly new, and to our unsophisticated notions not a little odd. The naturalists tell us of ring-tailed baboons, but ring-tailed women, we believe, were unknown till the time of Dr. Dommès, of Hanover. "*Hommage à l'auteur*," as they say in Paris—the man who has thus presented us with another variety of "the last best gift to man"—the ring-tailed woman.—*N. Y. Med. Gaz.*

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11. *Strangulated Hernia Treated by Opium*.—Two cases of strangulated hernia are reported in the London Medical Gazette by Mr. Cooper. The taxis had been employed, and failing, the operation was proposed; but the patient would not submit to it. Four grains of opium were given; the pain and sickness were removed but no change in the tumor. In four hours the dose was repeated, and in five hours a third dose of four grains was given. Next day the patient was free from pain and sickness, though the hernia was in the same state. Soon, however, the bowels were moved without any apparent alteration in the hernia. From this time he recovered, and the hernia gradually disappeared. Our readers will remember that Dr. Shipman, of Courtland county, reported some similar cases in this Gazette.—*Ibid.*



12. *Complete Obliteration of the Aorta.*—Prof. Roemer, of Vienna, met with a very extraordinary case of diseased aorta. The patient, an officer in the Austrian army, enjoyed good health until his 45th year, when he began to suffer frequent attacks of dyspnœa and gastralgia. Severe palpitation, with œdema of the extremities came on, which were greatly mitigated by the use of bismuth and digitalis; but the pulse continued full, rapid, and vibrating. He died suddenly. Autopsical examination revealed hypertrophy of the heart—valves healthy. The aorta was dilated to twice its natural size as far as the arteria innominata; the latter was also much enlarged. From the innominata to the point where the ductus arteriosus enters, the aorta became much contracted, and near this latter point it was found *completely obliterated for half an inch*. The circulation was carried on by various anastomoses and enlargement of the intercostal arteries, which communicated freely with the mammary and thoracic arteries.

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13. *Ice in Infantile Convulsions.*—The *Boston Medical and Surgical Journal* contains a clinical lecture, by R. B. Todd, M. D., originally published in the London Lancet, in which the application of ice to the spine, in convulsion caused by dentition, proved eminently successful. The ice was applied to the whole course of the spine, when immediate improvement commenced, and the child recovered. The case had previously resisted other means.

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14. *Disease of Sir Charles Bell.*—A *post mortem* examination of the body of Sir Charles Bell disclosed extensive disease of the heart, including ossification—of what particular part is not stated.

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15. *Vaccine Virus.*—By addressing the Editor of the *Boston Medical and Surgical Journal*, and enclosing \$1, *post paid*, ten quills charged with *pure vaccine virus*, will be forwarded to any section of the United States by return mail.

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16. *Catalogues and Circulars.*—We have received the following Catalogues and Circulars:—Of the Medical Department of Transylvania University; Medical Institute of Louisville; College of Physicians and Surgeons of the University of New York; University of New York Medical department; and the annual catalogue of the Medical College of Ohio. From these documents we learn that the preceding Institutions are in a healthy and prosperous condition.

12. *Medical Olio*.—Dr. J. Kearney Rodgers has opened a "Private Surgical Retreat" in New York city.—Dr. Mott recommends tobacco in chronic laryngeal and bronchial affections. *The remedy is worse than the disease*.—Mr. Bransby Cooper, nephew to Sir Astley, and Surgeon to Guy's Hospital, has been made a Baronet—*highly important*.—Among the gentlemen invited by the Secretary of War to visit West Point Academy, on the first Monday in June last, were the following physicians: Dr. Churchill J. Blackburn, of Ky., Dr. B. W. Macklin, of Alabama, and Dr. F. Hall, of Washington, D. C.—Mrs. Ruth Irons, who recently died at Hastwick, N. Y., had suffered with dropsy for nine years, and had sixty barrels of water drawn off in that time, by Dr. Thrall.—A person in North Carolina recently died from the bite of a rattle-snake, twenty-four hours after the infliction of the wound.—Dr. Isaac Parish has successfully used iodide of potassium in granular ophthalmia, which had resisted other modes of treatment. The medicine was given in from two to five grain doses, three times a day, in a table spoonful of compound syrup of sarsaparilla.—Dr. Fitzpatrick recommends mercury as a prophylactic in scarlatina.—Propositions have been made in New York and Boston, to establish charitable institutions for the support of the widows and orphans, of deceased physicians, who may require such aid.—An Academy of Medicine has been established at Louisville, Ky., by Drs. Flint and Bullitt.—Creosote has been recommended in mild cases of burns.—Tincture of catechu is highly recommended as a remedy for sore nipples. It should be applied twice a day with a camel's hair pencil.—An attempt was made on the 23d of May to fire Harvard College, in Cambridge, Mass.—*Hydrosudopathy* is said to be washing out *Homœopathy* in Germany.—*cold water is better than sugar of milk*.—The water of the river Seine, slightly acidulated, a preparation of one Villars, was long used in Paris as a means of prolonging life. He required strict regimen—hence its good effects. The discovery, however, that it consisted mostly of water, destroyed its popularity at once.—M. Orfila says the *Paris presse* has just completed his researches on the absorption of mineral poisons, from which it results that there may be found in the liver, and other viscera, lead, zinc, tin, gold, silver, iodine, and mercury, in cases where death has resulted from them.—Drs. Kittridge and Loring have opened a asylum at North Andover, Mass., for the reception of invalids.—Drs. Chadbourne and Buck, have established an infirmary at Concord, N. H., for the treatment of diseases of the eye and ear, club-feet, curvature of the spine, and other distortion of joints.—M. Roux, Surgeon of Hotel Dieu, has extracted the

cataract more than *six thousand* times, and has performed lithotomy about *six hundred* times.—At the battle of Austerlitz Baron Larrey performed more than *two hundred amputations*, and finally his knife fell from his exhausted hand.—M. Guerin, in one case to remove deformity, divided *forty three* muscles and tendons, almost free from pain, and *without losing a drop of blood*.

The following notices of the Western Lancet have appeared since its commencement:—

From the Western and Southern Medical Recorder.

“*The Western Lancet*.—This is a new periodical, and comes to us under favorable auspices; it has our earnest wishes for its success. Its editor is a zealous and talented cultivator of science in general, and of medicine in particular.”

From the Boston Medical and Surgical Journal.

“*Western Lancet*.—*Lancet* is becoming a favorite name for a medical journal. There are now two in the United States, one in London, and one in France—and perhaps more. The youngest of the whole was issued at Cincinnati, the first of May, under the editorial control of Leonidas Moreau Lawson, M. D., in an octavo form of 48 pages, to appear hereafter monthly—price \$3 per annum. Several journals have been launched at the West within less than twenty years, but they were suffered to languish and finally die, for a want of that encouragement for which no other interest was ever known to go a begging in the enterprising city and neighborhood of Cincinnati. If Dr. Lawson does not succeed, no one can, as it must then be evident that a general apathy towards home talent and industry predominates where there should be patronage, scientific effort and unceasing ambition to sustain a medical press. Perhaps we are, to some extent, selfish in all this, since we are, in a measure, deprived of a knowledge of the progress of the profession over the vast domain of the Western States, if their own journals cannot be fed with appropriate nutriment.

Dr. Lawson has our best wishes for success, which he gives evidence of desiring to merit from all his readers. He must expect, however, slow payments, and warm promises of literary assistance which will never be rendered; but, with the exercise of that degree of patience which characterizes all medical editors, and an untiring devotion to the cause he has espoused—the dissemination of knowledge that promotes human happiness—in the end he may have the satisfaction of knowing that “all is well that ends well.”



[From the Medical Examiner.

"*Western Lancet*.—We have received the first number of a new medical journal, which has just commenced at Cincinnati, edited by Leonidas Moreau Lawson, M. D. It gives evidence of spirit and ability, and, we hope, may be successful."

From the American Medical Library and Intelligencer.

"*The Western Lancet*.—This is a new candidate for professional favor, of the West more especially. It appears in good dress; and its execution is creditable to its editor. It consists of Original Communications, Bibliographical Notices, Miscellaneous Selections and Intelligence, and an Editorial Department; and is to appear monthly, at \$3 per annum, payable in advance. We heartily wish Dr. Lawson every success.

From the Ladies' Repository.

"*The Western Lancet*.—This is the first number of a new monthly periodical, which ought not to fail of success. It has appeared to us unaccountable that Cincinnati and Ohio are without a medical journal, while Kentucky has two, one published at Lexington and another at Louisville. With a flourishing medical institution and able professors—with so many talented practitioners as this city boasts, we have often wondered why it was so. We are pleased to find that there will be no longer any ground for this query. The *Lancet* is an octavo of 48 pages. Its mechanical appearance is remarkably neat. This number contains mostly original articles of great merit, contributed by Drs. Harrison, Mussey, Rolker (a translation from the German,) Eberle, of Indiana, and the Editor. The selections are judicious as far as we can appreciate them, and the bibliographical notices are valuable.

As to the qualifications of the editor for his work, we can, without hesitation, say that, in regard to literature, he lacks nothing. He writes with great ease and in an attractive style, as some articles kindly contributed to the *Repository* evince. His professional acquirements are also, we doubt not, suitable to the task he has in hand. We trust the enterprise will succeed. The subscription price, three dollars per annum in advance, is remarkably low for a work of the kind, and suited to the pecuniary condition of the country."

[The preceding notice, from a literary paper of high standing, is copied for the purpose, more especially, of showing, that even the non-professional part of community are sensible of the want of a medical periodical at this point.]

# THE WESTERN LANCET.

CINCINNATI, JULY, 1842.

## "WESTERN PERIODICALS."

Under the above caption, an article is inserted in the June number of the *Western Journal of Medicine and Surgery*, from the pen of the senior Editor, noticing the several medical periodicals now published in the West. In conclusion it is remarked, that "These journals are in the interests of the three schools of the West; and may be expected, respectively, to advance those interests by every means consistent with *truth* and *generous* rivalry."

The above quotation, which so unequivocally and gratuitously assigns us a specialty in medical partisanship, does great injustice to both parties. The Medical College of Ohio does not require our aid, and, if it did, we do not feel competent to render such service. It was expressly and emphatically declared, in the prospectus, and first number of the *Lancet*, that we occupied *neutral* ground, uninfluenced by sectional or *party* interests. How, then, it can be said that we are in the interests of a medical school, partakes somewhat of the marvellous.

We commenced the publication of the *Lancet*, with a deep and abiding sense of the innumerable injuries sustained by the profession in the West, in consequence of *party feuds*; and having adopted a resolution to stand aloof from these unprofitable turmoils, and to devote our efforts exclusively to the *general* interests of the profession, we feel no inclination to alter that course. It is very evident, that physicians generally are heartily sick of exclusive efforts to build up one part of the profession by the prostration of another. A spirit of generous *emulation*, such as we believe the institutions of the West to be influenced by, is commendable, nay, even necessary; but any effort having a tendency to perpetuate party distinctions, whether adopted for that purpose or not, is a course with which we are unwilling to

become identified. We make these as general remarks, for the purpose of disavowing partisan government in every form. True, we wish the Medical College of Ohio well, as we do all the other schools of the West, South, North and East. To its distinguished Professors we acknowledge obligations for valuable contributions, and hope largely to augment that debt of gratitude; but, at the same time, to assign to us the position of exclusive advocates of that school is incorrect, and unwarranted by the facts. If the distinguished Professors of Transylvania University, or the Medical Institute of Louisville, will furnish suitable communications for our pages; they will be as cheerfully inserted and as highly prized as others of like merit.

The obvious effect of arraying a periodical on the side of a party, would be to prevent its support, either by those disinclined to partisan feelings, or, who have an interest at another point. In the present instance, however, we presume that this was not the design of the article under consideration.

Again:—"We have heard the multiplication of journals condemned, but who can prevent it, when all have an equal right to engage in the enterprise?" True, who can prevent it? This implied censure by the Journal, (as we understand it,) of the efforts to establish new journals, is a partial and erroneous view of the subject. It is an admitted fact, that medical journals are not patronized to that extent which the interest of the profession require; and we think, no more efficient mode can be adopted, to remedy these defects, than by a multiplication of medical periodicals, whereby the tastes of all may be suited, and an interest established in some one or more of them. *One journal*, were it of the largest size, could contain only a fractional part of the important matter in the West which *ought* to be published. It seems obvious, then, that so long as this multiplication of periodicals is kept within proper limits, it should receive the *commendation* instead of the *censure* of the profession, especially of the *press*.

We trust our friend of the Western Journal will correct the error into which he has fallen in relation to our connection with the Medical College of Ohio.

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#### ORIGINAL CONTRIBUTIONS.

The primary object in establishing medical periodicals in the West, is to publish *original matter*. Physicians understand this well; but there is a backwardness in regard to furnishing papers for publication



that should at once be corrected. There is no man capable of practicing medicine, who is not at the same time fully competent to observe and record practical matter, that would be profitable to others and creditable to himself. We hope that our friends generally, throughout the country, may become actively alive to the importance of this subject, and furnish us with the results of their experience. As a general remark, we do not want lengthy, elaborate essays, unless they possess unusual merit; but short, practical articles, embodying in as concise a form as practicable the experience of the profession, elucidated with proper reflections when required, is that variety of matter which will prove most acceptable to readers. We look upon every subscriber as a *collaborator*, and hope even those who are inexperienced in writing will not be deterred from *attempting* to discharge their duty to themselves and their contemporaries. There is much truth in the following remarks of an esteemed correspondent:—

“Many are deterred from writing for the professional press, because, either from want of time or inclination to write elaborately, they dislike to appear in articles either more brief or less meritorious than those which constitute the material of the publications of the day. Such persons, doubtless, would report cases, and write short and highly interesting papers, which would ultimately establish for a periodical a most enviable character.”

Let us have the matter, then, and we will make the Lancet interesting.

In connection with the subject of contributions, we would remark, that it has become a matter of interesting enquiry, particularly among physicians farther north, what influence a miasmatic atmosphere exercises over chronic diseases, especially affections of the lungs and heart. If some of our correspondents, who have made observations on this subject, would furnish the results of their experience for publication, it would doubtless prove interesting and instructive.

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**HAMILTON COUNTY MEDICAL CLUB.**—This is an association formed in the city of Cincinnati, designed to embrace also the physicians of the County. The Club meets monthly—the exercises consist in reading papers on medical subjects, and discussions. At each third meeting a supper is to be provided. The first meeting took place on the first Saturday of June. These exercises will doubtless be profitable and agreeable.

**SUMMER COURSE OF LECTURES.**—By a reference to an advertisement on the cover it will be seen that these lectures, which have been so well received by the class, will be suspended until the first of September, at which time they will be resumed, and continued until the first of November. We believe this is the first regular summer course delivered in the West.

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**ENCOURAGEMENT OF QUACKERY.**—In a late advertisement of the "Rev. I. Covert's Balm of Life," we notice the names of some twenty M. Ds., including *three professors*, one in Albany Medical College, one in Fairfield Medical College, and one in Geneva Medical College, N. Y., all attached to the advertisements as references to prove the curative powers of the nostrum. Can it be possible that these gentlemen have permitted their names to be used for such unprofessional and disreputable purposes?

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**MEDICAL APPOINTMENTS.**—Dr. N. WORCESTER, of Cincinnati, has been appointed Professor of Physical Diagnosis and Pathological Anatomy, in the Medical College of Ohio. We understand it will be the special duty of the Professor to teach *practically*, at the bed-side, auscultation and percussion; for which purpose he will lecture four times a week, at the Commercial Hospital, to a class not exceeding ten in number, formed successively from the general class. In addition to this, he will lecture twice a week at the College, on Physical Diagnosis and Pathological Anatomy, alternately.

Dr. W. is well qualified to discharge the important duties connected with his chair, having devoted much attention, at home and abroad, to these deeply interesting departments of medical science.

Dr. R. BRIDGES has been appointed Professor of Chemistry in the College of Pharmacy, Philadelphia, vice Dr. W. Fisher resigned.

Dr. ROBY has received the appointment of Professor of Anatomy in the University of Maryland.

Dr. Dunbar has resigned the chair of Surgery and Surgical Anatomy in the Washington University, Baltimore; and Dr. BAXLEY has been appointed his successor.

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We forward the 3d number of the Lancet to some physicians who have not yet become subscribers, nor received the preceding numbers. We ask them to give it an impartial examination, and, if they feel favorably inclined towards the enterprise, and are willing to pat-

ronize a home work, to retain the number received; those who do not wish to subscribe will please remail it to the editor. If the present number is retained, those succeeding will be forwarded when issued, and, if desired, the back numbers can also be supplied.

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**OUR PROSPECTS.**—We feel gratified in stating, that the reception of the *Lancet* by the profession, so far as it has been circulated, is decidedly more favorable than could have been anticipated for a new work. Additions are constantly being made to the subscription list, and we feel sure, that the enterprise meets the approbation of our brethren.

For the information of correspondents, we will state, that the *Lancet* is published on the fifteenth of each month, and that communications should be forwarded a month prior to the time of insertion.

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**MEDICAL SCHOOLS OF THE WEST AND SOUTH.**—The following medical institutions, eight in number, will be in operation during the ensuing winter, in the western and southern part of the United States. Medical Department of Transylvania University, Medical Institute of Louisville, Medical College of Ohio, Willoughby University of Lake Erie, Medical Department of the University of St. Louis, Medical College of Louisiana, and the Medical College of the State of South Carolina.

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**NECROLOGY.**—Dr. Thomas Eaton, the celebrated geologist, died recently at Troy, New York, aged 65.

Died in Cambridge, Mass., on the 1st inst., Daniel Oliver, M. D. L. L. D., aged 54. Dr. Oliver was formerly Professor of Theory and Practice and Physiology, in Dartmouth College, and more recently Professor of Materia Medica in the Medical College of Ohio. He was author of the "First Lines of Physiology," a very excellent work for students.

Died, at South Hanover, Ia., on the 20th of May, James Blythe, D. D., aged 76. He was the first Professor of Chemistry in the Medical Department of Transylvania University.



# THE WESTERN LANCET.

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VOL. I.

Cincinnati, August, 1842.

No. 4.

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## ORIGINAL COMMUNICATIONS.

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ART. I.—*Case of Excision of the Upper Maxillary Bone.*—  
By R. D. MUSSEY, M. D., Professor of Surgery in the Medical  
College of Ohio, and Surgeon of the Commercial Hospital at  
Cincinnati.

THOMAS MCGILLIGHAN, a locksmith, æt. 22, consulted me, in July, 1839, for a painful affection of the left side of the face, which had existed about eight months. The left nostril was entirely blocked up by an adventitious growth of considerable firmness, which extended anteriorly within half an inch of the margin of the ala and septum, and posteriorly so far as to be felt by the finger above the floating edge of the soft palate. The ceiling of the mouth, on the left side, was pushed downwards, so as to present a slight convexity, and the cheek was more prominent than the other. For the pain which extended along the alveolar arch, he had several teeth extracted, but without any important relief. The general health was not materially affected. As there could be no doubt that the tumor sprung from the antrum, and as its progress had been somewhat rapid; I recommended the excision of the jaw bone, as soon as the hot weather should subside, and a strict adherence to a farinaceous diet, with water and a small quantity of milk for drink, which course was faithfully pursued.

On the 28th of September, 1839, I performed the operation

in the following manner:—An incision through the integuments, commencing a quarter of an inch below the tendon of the orbicularis palpebrarum, was carried down by the side of the nose, and close to the convex border of the ala, thence horizontally to the median line, from which point the upper lip was cut through vertically. Another curvilinear incision extended from the angle of the mouth to the outer margin of the bony orbit as high as the external canthus. The flap included between these incisions was dissected up and thrown upon the forehead, and the malar bone was exposed by a horizontal incision of an inch backward along the zygoma from the margin of the second incision. An incision on the median line from the incisors to the posterior edge of the hard palate, through the lining of the arch of the mouth, and another through that of the palate, separating it from the palate plate of the palate bone, completed the section of the soft parts. By the aid of a saw and bone nippers the bony connections were divided, and the whole of the upper maxillary bone, except the point of its nasal process—which was left on account of the lachrymal sac—was removed, together with a part of the malar, and the whole of the palate plate of the palate bone. The tumor occupied the cavity of the antrum, had pushed through its anterior wall, and attenuated its flooring, filled up the whole nasal avenue, pressed the septum some way into the right nostril, and crowded itself into the cells of the sphenoid bone, and, if I judge correctly, filled up the whole cavity of the body of that bone. From this situation I dug it out with the point of my finger.

There was not much hæmorrhage. Three or four vessels only required the ligature. The flaps were preserved in situ by stiches, and a great part of the wound united by adhesion. No severe pain nor considerable constitutional irritation followed the operation, and on the *tenth day* the patient took a walk in the street. The tumor was firm and somewhat fibrous in some parts, and decidedly encephaloid in others. From its soft and homogeneous texture, I entertained fears that it might return, and enjoined it upon the patient to live without flesh, fish or greasy food, with no condiment except salt, and to drink

nothing but water—a course which he has rigidly followed to the present time. He has enjoyed fine health, without a trace of the disease, since the operation—a period of *two years and nine months*. The winter after the operation, Dr. Cook, an ingenious dentist of our city, inserted a gold palate, with an arch of teeth, which restored a natural appearance to the mouth, and a perfect articulation. This is still worn, and so slight a deviation from symmetry between the two sides of the face exists that very few would suspect any operation to have been performed upon it.

Mr. McGilligan is now a thriving mechanic, and a worthy citizen.

*Cincinnati, July 1st, 1842.*

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ART. II.—*An Obscure Affection of the Heart, with the Formation of Extensive Membranes within the Ventricles.*—  
By JNO. M. DUKE, M. D., of Maysville, Ky.

Mr. S——, aged thirty-five years, temperament lymphatic, previous health good, consulted Dr. Sharpe (my partner) and myself about the first of March, in consequence of pain in the left side, with slight cough. The pain he attributed to a blow he had received upon that side some years previous, and from which he had suffered upon any very violent exercise from the period of its infliction. A few days before consulting us he had been engaged in building a fence upon a hill-side, with very heavy rails, and had used much exertion. His tongue was slightly furred; expectoration easy and slight; pain not violent; pulse 80, regular and soft. He continued to call during the whole month of March, still suffering from *constant* pain and slight cough, neither increased by a full inspiration. He was treated by slight purgation, nauseating expectorants, and hot foot baths—declining bleeding, either by the arm or cups, as he hoped to be relieved in a short time without resorting to them.

During the whole of this time his pulse continued *soft, slow, and regular*. On the 7th of April I saw him; his cough had



increased in frequency, the expectoration more profuse, and the breathing labored, tongue clean, appetite tolerably good, and pulse normal. I gave him some emetics of ipecacuanha and sulphate of copper, with directions to take one every other morning. Upon taking the first emetic, his voice (which had been more feeble than usual from the inception of the cough) was reduced to a whisper, and continued so until a few hours previous to his death, when it became stronger and more natural. His condition was unchanged, with the exception of a gradual increase of labor in the breathing, until the night of the 14th, when I was called to see him. I found him insensible, unable to swallow, purplish face and chest, nails of the hand entirely blue, breathing only from the upper fourth of the chest, and bathed in a profuse sweat; pulse 90, soft and regular, though feeble. He presented the appearance of one dying with asthma. Dry and hot frictions were perseveringly used with the powerful application of electro-magnetism, without benefit—being unable to swallow, could not give him diffusible stimuli. The pulse having filled out somewhat by the means used, I ventured upon relieving the congestion by blood-letting, though fearful it would be increased by the bleeding, from the extent it had proceeded, producing almost complete asphyxia. I drew some 3xij. or 3xv. of blood with *slight* immediate relief. In an hour from the bleeding he was able to swallow a portion of tinc. opii camph. and tinc. foetid. His breathing became *gradually* easier and calmer by the morning of the 15th, but still quite laborious. Upon examining his chest with the stethoscope, the respiratory murmur was distinct only in the upper third of either lung, the left more impermeable than the right. He was again bled to 3x. by the arm, and 3viiij. or 3x. by cups from the left side. The blood was buffed and cupped and he breathed still better from the loss of blood; the pulse continued to be soft and perfectly compressible, as well before as after the bleeding. Conceiving the attacks to depend upon inflammation and thickening of the lining membrane of the lungs, I placed him upon a solution of tartar emetic, and alterative portions of calomel, carried off with magnesia. He was again bled on the 18th and 19th, and cupped every day until

the 20th, with relief from each application. He continued slowly to improve, the respiratory murmur gradually extending through the the lungs until the first of May, when it was distinct and free throughout the whole chest. The heart was examined particularly now, as it had been before, and no abnormal action was discovered. Voice still in a whisper.

On the night of the 4th, after having been perfectly easy for several days, he was again seized *suddenly* with a suffocative attack, precisely similar to the one described—his pulse still *feeble and not hurried*. He was again bled, and, when able to swallow, given paregoric and tinc. fœtid. in large portions. The attack, as before, gradually subsided, but, as before, the breathing continued exceedingly laborious, requiring him to be constantly propped up on pillows, the air again not passing freely through the lungs. He now took the paregoric and tinc. fœtid. constantly and in large quantities with benefit; the calomel produced exceedingly vitiated dejections; his appetite, in a few days from the attack, became good, though his prostration was extreme. He was placed upon the use of porter, and chicken and squirrel soups, under which he again improved. He now occasionally expectorated some blood, and complained of a “fixed lump” in the region of the heart. On the 9th, still breathing laboriously, he was placed upon the use of Belladonna, which was carried to full narcotism, but without relief. On the 15th, gave him the sulphate of quinine and a richer diet, under which treatment, with the constant use of the paregoric, he slowly but steadily improved in strength, though *constantly* breathing with labor until the 1st of June, when he was able to leave his room, and his breathing was comparatively free.

We did not see him from the 1st to the 11th, during which time he was able to be about his house and yard. On the 11th he had another suffocative attack, but not so violent as the others had been, being now able to swallow and distinguish persons; his expectoration was free, consisting of a bloody, tenacious mucus. On the 13th he became still worse, his chest constantly heaving, and with an expression of deep anxiety depicted in his countenance: pulse slow, soft and regular. On the 14th, other measures having entirely failed to produce the

slightest amelioration, he was again bled, and again with slight relief at the moment; he could now only breathe propped up with pillows, and could only swallow liquids. He continued much in this condition, with entire clearness of intellect, until the 25th, when he occasionally wandered; his breathing continued much in the same condition it had been until the 27th, when he died from exhaustion.

For two days preceding his death his hands were constantly pressed on his heart, and he complained of feeling a heavy weight constantly there. With difficulty I procured an examination, which was hurriedly performed five hours after his death, at night, in the presence of Drs. Sharpe and Frazee, and Messrs. Dimmitt and Murphy, medical students.

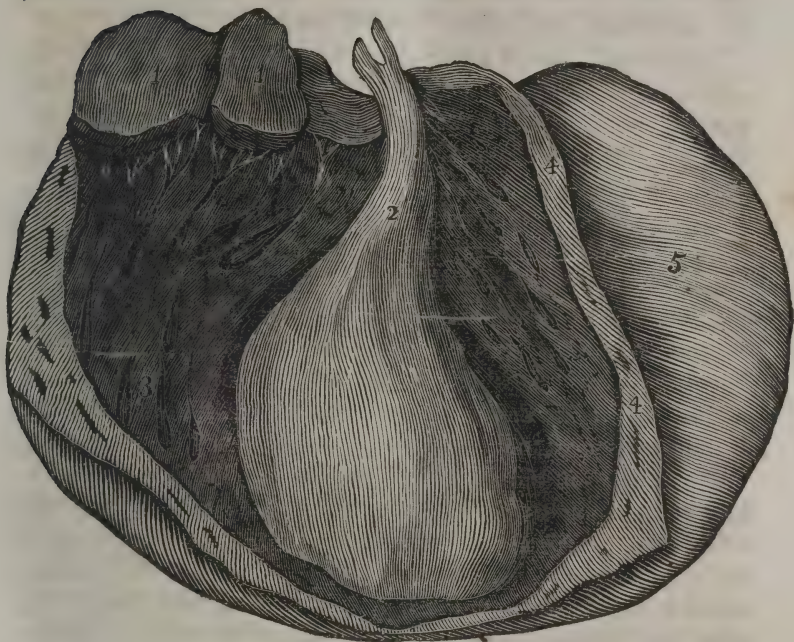
There was much emaciation; thorax finely arched and developed; larynx and trachea natural.

The lungs were much less collapsed than usual, and were crépitous throughout their entire extent; they were firmer than natural, and seemed to be in the incipient stage of hepatization; the bronchial ramifications appeared less distinct than they should be, and were filled with mucus. They were cut into at several points, a violet tinted blood following each incision. No tubercles were discovered at any point. At the base of the left lung a calcareous concretion, as large as a common bean, was found. Upon opening the pericardium, there was about an ounce of bloody serum found. The size of the heart was natural, its external surface entirely smooth and healthy.

The auricles were entirely healthy, and normal, with the exception of a small amount of fibrine (such as will be described as existing in the ventricles) attached to the earlike portion of the right auricle.

The cavity of the right ventricle was filled to half its extent with an adventitious membrane of an organic character, its free surface floating in the ventricle was perfectly smooth, but at the attached base, numerous fibres arose from, interlaced with, and were firmly attached to, the columnæ carneæ; its greatest thickness was about five lines, and its extent commensurate with the entire cavity. It extended for some distance into the pulmonary artery, and gradually lost its organized





## RIGHT VENTRICLE.

- |                       |                                         |
|-----------------------|-----------------------------------------|
| 1. Tricuspid Valves.  | 4. Septum of the Ventricle.             |
| 2. Adventitious Mass. | 5. External Wall of the left Ventricle. |
| 3. Columnæ Carneæ.    |                                         |

character, becoming a mere coagulum. The external color was a grayish white, but assumed almost a violet tint upon being cut into. The columnæ carneæ and chordæ tendineæ were rounded and perfectly smooth when unincumbered by this membrane.

The appearance presented in the left ventricle was similar to that of the right, only modified in size, not being more than half the size; it also extended into the aorta for some distance, and, as in the pulmonary artery, gradually losing its organized character. The membrane adapted itself to either cavity.

The auricular and ventricular valves were perfectly free from this membrane, and seemed entirely normal.

The stomach was of a deeper tint than natural, and somewhat softened; its mucous coat being readily rubbed off. The liver was enlarged to twice its natural size; texture seemed unchanged, but was not minutely examined. The other viscera were not examined.

Various cases have been recorded by different writers of "lesions of blood within the cavities of the heart," of different sizes and shapes—wart, cylindrical, granular, globular, &c.—but I have met with none so great in extent as the above. Dr. Jackson records a case in the *American Journal of the Medical Sciences*, (15th Vol.,) in which the auricles and ventricles were studded with a number of tumors, varying in size, but not filling in the aggregate nearly the space occupied in Mr. S——'s case.

The origin of these lesions is involved in much doubt. Lænnec gives a beautiful description of the changes through which they pass, from the first appearance of the deposit up to the period when they become perfectly organized. Andral seems to regard them as arising from a coagulum created by some modification of the blood, which many render it peculiarly liable to form, either by some impediment in the heart, or without it; from the coagulum the vegetation is prolonged. I think with Dr. Jackson, that "it is safer at present to refrain from all conjectures on the subject."

The evidences of a diseased state of the heart were only presented by the constancy of the laborious breathing, and that was occasionally calm. Neither the pulse nor auscultation indicated any affection we could suspect. Lænnec says he has discriminated some affections of this character, but admits that the data are so few that no perfect evidences can be laid down.

ART. III.—*Typhus Fever. Professor Schoenlein's Lectures, translated from the German, for the Western Lancet, by F. ROLKER, M. D.*

(Continued from page 77.)

*Treatment.*—Concerning the treatment of no other disease are the views of physicians more divided. While some bleed by the pint, and think the most violent antiphlogistic remedies indicated, others see no salvation but in the administration of stimulants, and hence give, from the beginning, musk; camphor, turpentine, ammonia, &c. Looking over the whole materia medica, we scarcely find a remedy but has been used in typhus. Now we hold, that the more remedies for a disease the more unsafe is its treatment, and experience has proved this principle to be true, for with the remedies the mortality in typhus has increased. Hence we see, that the therapy of typhus is by no means settled. Perhaps the presumption is a false one, that typhus has to be subdued by definite means; we at least hold the doctrine, that typhus has to run through a certain cycle of change, from which it must not be moved. Attained from the patient only, if he is not yet in a comatose condition;) from this the beginning of the disease is to be dated. If, however, typhus has developed itself from intermittens, and some difficulties; for the definite symptoms, as in acute exanthemata (the change in the exanthem,) are wanting. Yet we are not entirely without a clue. There are two things that assist here. 1. The first chill, (which of course can be ascer-

agree in this point. Now as it is of the highest importance to know which period has appeared, which point in its course typhus has reached, the first thing necessary is to ascertain a correct chronology of the individual case. This certainly has tentative observers and the experience of all better physicians several chills have preceded, the beginning of the disease coincides with the last chill, which was succeeded by the permanent heat. 2. The symptoms themselves help to the chronology. Nervous symptoms, as dry tongue, sordes on the teeth, diarrhoea, delirium, &c., are not seen in the first stage; they make their appearance at the end of the seven days' period, between



the sixth and seventh day. In this way the chronology can at least approximately be settled. Afterwards a new momentum comes to it, the "*dies indices*." In petechial typhus at least a slight crisis through the skin, and some bleeding from the nose, takes place on the seventh day. These "*dies indices*" disclose not only the absolute but also the relative time; for here, commonly the following day, worse symptoms, and the next day an attempt towards or a complete crisis, take place.

With regard to the treatment of the disease itself, it can and must be only a symptomatic one, for the disease must run through its prescribed cycle. There remains nothing for the physician, but to combat, during its course, symptoms which endanger the life of the patient; to retain the remedies, and execute the main stroke at the day of crisis; to extort a crisis when nature tarries; to support her when she is active.

In regard to the symptoms, the physician has—1. To detain congestion from the suffering central parts of the nervous system. In cerebral typhus congestion is towards the head; hence leeches have to be applied (behind the ears,) and cold applications to the head. Bleeding from the jugular vein is perhaps less to be recommended, for depletion is never so complete as by leeching, and there is danger of phlebitis—a very bad complication. Arteriotomy is entirely to be rejected. In abdominal typhus topical depletion by leeches upon the integuments over the plexus cœliacus. 2. He has to pay attention to the affection of the mucous membranes:—*a*. Of the chylopoetic organs. This affection is again a double one. In the first stage, coated tongue, slimy bitter taste; hence an emetic is to be administered; ipecac, with a little tartar emetic—not tartar emetic by itself—to prevent its action upon the mucous membrane of the intestines, namely, diarrhœa. It may be given until the seventh day of the first seven days' period. Experience has proven, that, after administering an emetic, the diarrhœa, and the formation of exanthemata in the second stage, are less violent. In the second stage diarrhœa, in which flocky matters are evacuated, containing albumen and phosphate of lime. This diarrhœa rapidly consumes the strength of the patient, and hence it is to be checked. Logwood with gum kino

have not proven successful. Narcotics, opium, nux vomica, do very little good. Opium is evidently injurious, by its causing congestions towards the brain. Lately Authenreith thought to have found a specific against it in the muriate of iron; but experience has not confirmed it. The truth is that we don't know yet a specific remedy against this pernicious diarrhœa. Alum with nux vomica and gum arabic is perhaps the best remedy after all. *b.* Or the mucous membranes of the respiratory apparatus are affected. This requires the administration of muriate of ammonia, or, in irritable subjects, of vin. antimon., with much mucilage; rubbing mercurial ointment with ext. hyoscyam. warm into the chest; and corresponding diet. 3. To prevent as much as possible the unmixing of the blood. Here the acids are the principal remedies, especially chlorine; 2 or 3 oz. of it are to be administered in a decoction of marsh mallows, within twenty-four hours, in the first stage. Even where the mucous membranes of the respiratory organs are affected, chlorine may be given. The other acids, namely, phosphoric and sulphuric acids, act too violently upon the abdomen, and are prescribed only in putrid fevers. In other respects also is the administration of acids, namely, of chlorine, indicated; for they moderate the vascular irritation, and hence answer very well to temper the fever. 4. The state of the skin. The skin, which is of great importance in typhus, deserves the closest observation. When it is burning hot, and husky, rigid, turgescient, cold lavations are indicated. But in plethoric individuals, and in cerebral typhus, preventing congestions towards the head has always to precede them; else apoplexy threatens to ensue. After eight or twelve hours these lavations have to be repeated, unless the temperature of the skin is diminished and perspiration has taken place. If, however, the skin is covered with clammy sweat, is at the same time burning hot, and miliary or bloody sugillations appear, lavations have to be made with vinegar in combination with spiritus formicarum and serpillæ, or with diluted muriatic or sulphuric acid. These lavations have to be lukewarm, and must be repeated every two or three hours. If the skin is merely rigid, husky, without calor mordax, neither lavations

nor sponging is necessary. In this way we get through the first stage, and approach towards the eleventh day—the moment of the crisis. As the principal crisis takes place through the skin, all must be done to obtain by force this crisis through the skin, and to make it continue for several days after it has been attained. This we accomplish by external as well as by internal remedies. To the external means belong—1. The blistering plaster, (in putrid fevers it is contra-indicated.) It has a double effect; it produces secretion in the skin, and it liberates the central organs of the nervous system from their affection by means of the irritation of the papillary bodies. The blistering plaster has not to be applied immediately in the beginning of the nervous stage, unless permanent delirium and sopor make their appearance right early. The place of application is the calf of the legs; the size that of the hand. In individuals that are in a comatose condition, and whose skin is rigid, it is necessary to rub the skin beforehand into deep redness with a mixture of vinegar and mustard, and add pulv. cantharid. to the plaster. It is to be secured by strips of adhesive plaster and a roller, because the patients are very restless; after the removal of the plaster, the secretion has to be entertained by the application of empl. minii adustum, (empl. horicum.) 2. Warm lavations, one of the principal remedies in typhus. They are not to be made before the eleventh or twelfth day, that is, not before the appearance of the crisis; and where there is rigid, dry skin only. If the skin is covered with clammy sweat, if miliary or itch-like eruption appears, they are contra-indicated. Their application is the following: Place the patient up to the hips in a lukewarm bath, and pour warm water out of tubs over his neck, breast and shoulders, from a height of twelve or sixteen feet, and for ten or thirteen minutes in succession. Now wipe him dry and bring him into a well warmed bed; give a tea of aromatic herbs for drink, and pulv. doveri to promote the critical action of the skin. The blistered surfaces have to be covered during the bathing with oiled silk. While these external means are indispensable to the obtaining of crisis, internal remedies are not less so for the support of it. Here the diaphoretics come in, which, how-



ever, have to be adapted to the state of irritability of the patient. One of the mildest diaphoretics is infus. valerian., 6 oz., prepared out of  $\frac{1}{2}$  oz., with mucilage and liquor ammoni. acet. or succinic. Camphor acts stronger, given from  $\frac{1}{2}$  to grj.; it does not agree with affections of the breast, and continuing congestions towards the head. Caustic ammonia, musk, serpentaria, &c., can well be dispensed with. Only in strongly marked affections of the nervous system, in subsultus tendinum, picking off the bed-clothes, &c. Musk is indicated, but in doses of 2 or 3 grs., not in the small doses of  $\frac{1}{4}$  or  $\frac{1}{2}$  gr., as it is frequently administered. If pecuniary circumstances do not allow the administration of musk, castor may be prescribed.

When the crisis through the skin is in this way contrived, it is to be supported by the continued use of the above named diaphoretics, with lukewarm baths, and much lukewarm drink, as a light punch, an aromatic tea with some arrack.

If, in the stage of crisis, parotitis or decubitus takes place, a new indication is added; for both, although critical efforts of nature, threaten the life of the patient with more or less danger. Parotitis is especially dreaded, because it frequently collapses rapidly and then paralysis of the brain ensues. Parotitis takes place on the appearance of the following symptoms:—The patients have a sensation of stiffness in the lower jaw, which can be moved only with difficulty and pain. At the same time a little tumor, of the size of a pea, is observed about the angle of the lower jaw, which is extremely painful. When these symptoms appear, five or six leeches ought to be applied to the spot, in spite of all the sensations of feebleness, debility, &c. After this, emollient poultices of linseed and bread, boiled in milk; but without the addition of narcotics, because of the vicinity of the sensorium. From time to time mercurial ointment may be rubbed in. Under this treatment parotitis is seen to develop itself more and more, until at last it stands still, and either gradually resolves, or, what is more frequent, passes over into suppuration. In this case the opening of the abscess must not be deferred too long, as the matter is very apt to burrow. This method of treating parotitis in typhus has proved the best, after an experience of many years, and deserves to be preferred

to the applications of blisters and irritating cataplasms of onions, mustard, &c.

In regard to decubitis, it is easier to prevent than to remove it, after it once has made its appearance. The patients have to be laid on a horse-hair mattress, covered with fine, smooth linen sheets, without folds; they must frequently change their position: and, in case of uncleanness in the nervous stage, be washed immediately with a sponge dipped into warm water, and be brought into another bed: deer-tallow with whiskey and tallow with spirit. *serpilli* has to be rubbed in. When decubitus has appeared, an attempt to cure with *ceratum saturni* combined with some opium may be made; but commonly it is too late.

This is our view of the treatment of typhus. Proper diet has to be combined with it.—In the first stage, only simple watery mucilage and cooling drinks, lemonade, orange juice, provided there is no diarrhœa. In the second stage, mucilage, with some veal-tea, but without salt; at the most some common broth, with the yolk of an egg. • Solid and spiced irritating things must never be given; even wine is not advisable, at least not where the head is affected. The patients ought never be pressed to take any thing because they feel miserable and weak. During convalescence, from a regular course of typhus, no medicine is necessary, and especially the use of restoratives is here out of place. There is nothing else necessary, but to nourish the patients moderately, and to adapt the nourishment to the digestive power of the patient. From broth, with the yolk of an egg, we pass gradually over to solid food—namely, meat—which, however, in the beginning has to be given as ragout only, and not roasted. For drink we give milk and sugar and the yolk of eggs, a decoction of malt; and, after the symptoms of the chest have disappeared, wine, but sweet wine only, as Malaga, Alcante, Madeira, &c., and these by the table-spoonful, never much at a time.

The patients have strong inclination to coitus, hence close watching is necessary, especially in regard to the nures, for an excess of this kind is commonly followed by violent fever, and the disease returns with all its symptoms.

[NOTE. Late German medical journals state, that abdominal typhus has been very successfully treated in Bohemia with hydriodate de pottassa.—Of a hundred and twenty-nine patients seven died. The treatment was commenced with 12 or 20 grs. dissolved in distilled water and syrup, in the twenty-four hours, which dose was gradually increased to several drachms, within the same period, according to the urgency of the symptoms.]

F. R.

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ART. IV.—*Diversity in the Action of Remedies.*

One of the most remarkable instances is that of *tartar emetic*. This remedy acts as an emetic, cathartic, sedative, diaphoretic, counter-irritant, &c. This variety of effects results from the difference in quantity administered, and, therefore, cannot follow the exhibition of a single dose. If emesis follows the administration of five grains, will diaphoresis, sedation, &c., also follow? Certainly not. Diaphoresis, as the result of *relaxation*, will take place; but, in order to secure the legitimate diaphoretic and sedative influence of tartar emetic, it must be given in small quantities, and its use prolonged, when the effects on the cutaneous and nervous systems, independent of *nausea*, will be secured. Externally this agent becomes a *pustulant*, and some have supposed that the same irritation was produced *internally*. This is probably an error. When used externally, on parts *excluded from the air*, its effects are usually slow, and sometimes uncertain; but on parts freely exposed, it is more energetic. May not the influence of the air aid its action? If so, the internal structures are free from this excessive irritation.

MEDICUS.



## REVIEW.

*First Principles of Medicine.*—By ARCHIBALD BILLING, M. D., member of the Senate of the University of London, etc. etc. etc. First American, from the fourth London edition, revised and improved.—*Philadelphia, Lea & Blanchard, pp. 304.*

After treating of acute inflammation, and making a slight allusion to the chronic form of the disease, the author takes up certain specific affections, and in reference to their remote causes, ‘morbid poisons,’ their mode of action, etc., he enters upon some curious chemico-physiological speculations:—

“I must indulge my propensity of searching for proximate causes, and would prefer any tolerable analogy to none at all.”

Here is a specimen of such indulgence. Speaking of the propagation of morbid poison in the constitution, and its eradication by remedial agency, he says:—

“The process of fermentation affords an example. ‘A little leaven leaveneth the whole lump:’ a most minute quantity of small-pox virus, on the point of a needle, produces an inflammation similar to that from which it was taken. What is the inflammation but chemical decomposition? What else is fermentation? This virus may be absorbed and calculated, as it has hitherto been supposed; or it may produce its effect by some chemical, and consequently electric and galvanic action, positive or negative, on the nervous tissue, constituting a morbid sensibility, which is propagated to the whole system:—this is evinced by the racking pains in the spinal cord, brain, &c., producing languor, convulsions, &c. &c., with disturbance of all the functions. All this passes off we know in a given time, as the dough ceases to rise when all the particles inflamed by the leaven have gone through their process of decomposition. So ends small-pox, scarletina, typhus, plague, synocha, petechialis, &c. \* \* \*

Lues is different; and here I must again resort to analogy. \* \* \* As the acetous fermentation is less violent, though more permanent, than granary or vinous, so the syphilitic decomposition (inflammation) is gradual, but steadily pervades the system, if unchecked by remedies.

I cannot help hazarding a speculation upon hydrophobia; namely, that it is a leaven which poisons the nervous system, takes a considerable time to ferment, and will eventually be remedied by some medicine which conquers neuritis—perhaps arsenic—perhaps some narcotic.”

The following observations concerning the absorbents, and the removal of tumors, is too useful to be omitted :—

“ If the absorbents cannot take up matter which is organized, it may be asked how they remove tumors? The organization of a tumor is but imperfect, and it is a burthen on the previously existing arteries, in addition to their originally allotted task. If these arteries have been enlarged in size (for we know arteries can grow larger) in consequence of the inflammation which gave rise to the tumor, they will go on to support it; at other times, and most frequently, when the inflammation subsides, they resume their natural size, and starve the tumor, the constituents of which will, when thus deprived of support, become decomposed, unorganized, and thus amenable to the absorbents: on the other hand, the tumor may have been too well organized to give way, and so continue comparatively an *indolent* life, after all inflammation has subsided, but producing neither pain nor inconvenience, unless a blow or other cause renew inflammation. Now if the efforts of nature do not remove the tumor, we may diminish it by remedial means.”

To our friends, the Solidists, we recommend the following passage, for their special consideration. They will doubtless be amused at the author's philosophy. As for ourselves, we have to say, we think the Dr. unties the Gordian knot (the *modus operandi* of medicine) with a slight of hand which we never expect to acquire.

We acknowledge that we are a Solido-Humoralist; and are disposed to believe that many medicines can be carried into the circulation.—This we do upon the testimony of our senses, and upon the testimony of a host of credible witnesses.— But that antimony depresses the system in fever by circulating to the capillaries, and contracting their calibre—or that relaxation and distension of the capillaries is the proximate cause of syphilis, and that mercury, iodine, etc., cure this malady, by virtue of their contracting influence upon these vessels, is a novelty in pathology and therapeutics which we are not at all prepared to adopt. The whole of the Dr.'s views appear to us to rest upon a *petitio principii* :—

“ We see that solutions of metallic salts, such as nitrate of silver, tartar emetic, acetate of lead, bichloride of mercury, &c.; and some acid vegetables, such as mezereon, &c., act on the capillaries as astringents; but each of these, when too strong, produces a contrary effect, viz., inflammation and relaxation. We know that substances applied to the surface of the *primæ viæ*, or skin, are absorbed and carried into the circulation; and we judge that in this way these metallic salts, oxydes &c., are carried to the capillaries of diseased parts, so as to act like astringents, and strengthen and cure.

\* \* \* \* \* Thus we account for the efficacy of antimony in such diseases as scarlatina, by its diminishing inflammation in the superficial capillaries of the skin, fauces, &c., which have been relaxed by the morbid poison, and at the same time reducing the circulation when it is too strong, if administered so as to produce slight nausea. \* \* \* Mercury, which has not this nauseating property, acts less on the pulse than antimony, but perhaps even more upon the capillaries, when circulated to them. \* \*

Although chemists cannot detect either mercury or antimony, administered as remedies in the circulating blood, it alters not my position. It is not fair to conclude that the metallic compound is not there, because they have been unable to detect a quantity of it which bears so minute a proportion to the whole mass of fluids of the body.

\* \* \* \* \* It was long before I could account for what are called the *specific* effects of such remedies as mercury, arsenic, colchicum, &c. \* \* Here we are supplied with analogies to help us in the prosecution of the cure of diseases with other remedies, in cases where the so-called specific either fails or disagrees; which being ascertained, the specific use of medicine ceases—it ceases in fact to be a specific. For instance, at one time no remedy was known except mercury against the chronic inflammation produced by the syphilitic poison. Now, taking my view of the proximate cause, we should deduce, *a priori*, that iodine might cure it, or that rigid diet, and such remedies as meze-reon, would do so, by their effect on the capillaries, which has in fact been empirically proved to be the case.”

We pass over some condensed remarks on *stimulants*, *sedatives*, *narcotics*, and *tonics*, with a single quotation:—

“The whole practice of the healing art is full of apparent contradictions; for instance, opium makes the pulse hard or soft, promotes and takes away appetite; the same means appear in one instance stimulant, in another sedative; venesection sometimes makes the pulse smaller, sometimes fuller. But when we speak of remedies as stimulant, sedative, narcotic, tonic, and their compounds, we are to consider their moderate action whilst they are working on the natural powers of the organs, and not their exaggerated or poisonous effects when they begin to excite either inflammation or morbid sensibility; or, again, they may suspend the vital functions, as sedatives do in excess, in which case they have frequently been misnamed narcotics, as has been done with colchicum, digitalis, hydrocyanic acids, &c.

\* \* \* \* \* Brandy or wine, in moderation, acts as a stimulant upon the nerves of the stomach, and other parts in a healthy state; in too great quantities there is a noxious effect on the organ, its natural susceptibilities being perverted, and a sedative effect communicated to the nerves of the heart. \* \* \* \* \*



Tonics, even mild ones, as bark and iron, will excite nausea, when there is much of that morbid sensibility of stomach, which they will eventually cure, if gradually introduced; others, in excess, as arsenic, will occasion morbid susceptibility, and inflammation of the gastric and intestinal mucous membrane, which appears to confirm the opinion of Broussais. Nevertheless, the full tonic or sedative effects of medicine may be produced without risk, and with benefit, if administered in proper quantities, and not misused."

To the following very judicious remarks we most heartily subscribe; and they appear to us to show that the author has refuted his own exclusive views given in the preceding pages of his treatise:—

"The varieties of inflammation may be understood by always recollecting that the heart is acting against the arteries, and that both heart and arteries derive their power from the nerves. Thus inflammation may go on when the pulse is very weak, and the heart is acting much more feebly than natural; but the arteries, being even weaker in proportion, give way, as we see in broken down constitutions, when inflammation is cured by stimulants. \* \* \* In some cases, by good food and tonics, such as bark, without stimulants, we communicate an energy to the nervous system, which restores the healthy action of the capillary arteries."

After dwelling thus upon simple local inflammation, acute and chronic, and upon the several classes of therapeutic agents of which we have spoken, the author proceeds to consider:—

"As a second state of disease, a greater degree of local injury, where the minute arteries have suffered so much that they cannot recover of themselves, nor by the aid of mere local applications.

Here the first symptoms of constitutional disturbance arise, viz., restlessness, or a general sense of uneasiness, and increased action of the heart; showing that the nervous system is partaking of the morbid sensibility of the nerves of the inflamed part, and that the irritability of the heart is increased, rendering it more excitable by its ordinary stimulus, the nervous centre from whence its nerves are derived, being more susceptible. \* \* \* In the present instance, in addition to the local disease, which exists as in the first case, the most marked symptom is increased force of the pulse; and as the increase of force in the injecting action of the heart tends to keep up and aggravate the disease, it is necessary to diminish its action and guard against renewal. To diminish the *vis a tergo*, we may either take blood by venesection; or, by putting on a greater number of leeches than in the former case, we may lower the pulse at the same time that we relieve local fulness."

In addition to these methods, emetics, purgatives, sedatives, &c., are recommended.

We cannot omit the following excellent observations touching the use of opium:—

“Opium, which is usually considered inadmissible during inflammation, until depletion has been employed, is of great advantage, when it is subsiding or past, in supporting the system under a great injury during the restorative process. \* \* \* \* The case must be closely watched for febrile symptoms, lest the anodyne, by allaying pain, deceive the practitioner, (of which there is great danger in inexperienced hands,) and the inflammation re-light, as it will unless antiphlogistic medicine, such as antimony, digitalis, neutral salts, &c., be administered to keep it in check, in graduated doses, but by no means freely, though that was necessary at first.”

The following paragraph expresses the author's opinion, that *phlegmonous* and *erysipelalous* inflammation are identical:—

“There is no difference between PHLEGMONOUS and ERYSIPELAOUS inflammation: it is the same inflammation in both cases; the difference is in degree or situation, and depends on the state of the constitution. If there be no death of parts there will be no slough—no necessity for the suppuration—but merely desquamation of cuticle, or resolution. The stages, from a slight erysipelalous blush to the most violent inflammation and sudden mortification, do not differ but in degree—analogue to the difference in degree of the action of fire, from a slight scorch to the actual cauterising which instantly causes the death of the part. \* \* \* \*

We also find that the various degrees of the same inflammation which arise on the backs of persons confined to bed are in proportion to the debility of the nervous system. In fine, I repeat, there is but one inflammation—loss of power in the capillaries—of all grades, from mere loss of tone to actual decomposition—melting away.”

Here are one or two other morbid states attributed to contraction of the capillaries.

Well, really: this contraction and dilatation of these little tubes is as great a proximate cause, both of health and disease, according to our author, as any thing we ever met with in all ætiology!—

“The pain in the back or head produced by hæmorrhage, by the sedative operation of bleeding, digitalis, or antimony, is caused by morbid sensibility from over-construction of the capillaries, in consequence of deficient injection of arterial blood. The nausea and vomiting which follow blood-letting, or the administration of sedatives, results from morbid sensibility of the stomach produced in the same way.”

We come now to the subject of *fever*. The two old-fashioned forms are recognized, *symptomatic* and *idiopathic*. The former is contemplated as a third degree of disease:—

“As a third case or degree of disease, let us consider the local affections, such as inflammations of the eye, lungs, or bowels, &c.  
 \* \* \* \* \* Pains in the head, back, and limbs, with lassitude or a feeling of weakness, showing that the nerves of sensation and voluntary action are affected; alteration of temper; hurry of thought, not indeed amounting to delirium, yet enough to show disturbance of the functions of the brain; want of sleep; wrong perceptions, such as fancying the existence of disagreeable smells; chilliness; morbidly increased heat of the skin, with dryness, which shows want of tone from deficient nervous energy. \* \* \*  
 The combination of symptoms here enumerated constitutes what is called *constitutional disturbance* or SYMPTOMATIC FEVER, (*pyrexia*,) from local inflammation; and we have traced them successively from the local injury to the constitutional affection: we have observed a part, which we have known to be inflamed, deranging the functions of the brain and nervous system, and consequently the functions of various organs—the skin, heart, stomach, bowels, kidneys, &c.”

The author thus expresses himself upon *idiopathic fever*:—

“It is, in my opinion, the nervous system itself which, being injured, produces synocha, or idiopathic inflammatory fever; as it arises in hot climates, and in this country, in the heat of summer, in laborers exposed to work under the heat of the sun; or sometimes from the opposite cause of excessive cold, combined with deprivations, excesses, depressing passions, or other causes of injury to the nervous system, by infection or epidemic influence, as is the case in the synocha petechialis.”

His treatment for both forms of the disease is summed up briefly as follows:—

“The treatment in both these fevers, the idiopathic and symptomatic, is the same, viz., bleeding by the lancet, leeching, or cupping; low diet and rest; attention to the bowels; sedative, antimonial, or other emetic or diaphoretic medicines; and the use of local applications,” &c.

Typhoid (typhus) fever is considered as a fourth stage of disease:—

“We now come to consider the fourth stage of disease, when, after the foregoing state has existed for some time, the power of the nervous system becomes exhausted by morbid sensibility, want of nutrition, &c., and when the heart, though still under the influence of



sympathetic morbid sensibility, deriving less energy from the debilitated nervous system, being also less nourished, has less power to contract, and really becomes weaker; the pulse, therefore, though still hard, is rendered weaker also. Sometimes the brain, from the same cause, becoming inflamed, or at least congested; has its functions more impaired, and the thoughts become more confused, until actual stupor or delirium succeeds; and the pulse, losing even its hardness, becomes soft and weak. The heart being now unable to empty itself, the circulation through the lungs is retarded, and there is a tendency to congestion, from their capillaries being also deficient in power: the blood, therefore, not being purified, causes still greater stupor, and the patient is said to be in a state of typhoid (stupid) or low fever; instances of which may be seen in local inflammations from diseases or injury, as when there is inflammation in the chest or abdomen, or after wounds or operations, where the sympathetic fever becomes typhous (typhoid.) But if the brain does not become inflamed or congested, the patient may die from mere exhaustion, with all the senses perfect, as in *hectic fever*."

Dr. Billing is inclined to the opinion that typhus and typhoid are inflammations of the cineritious substance; and synocha inflammation of the investing membrane, (brain and nerves,) though he admits the probability that they may all be different degrees of inflammatory action of the cineritious substance.

His views of the treatment of typhus and typhoid, as we have seen, are laid down in connection—so that it would appear he does not make that essential distinction between the two diseases that the French have established. In this we candidly think he is correct. Our own *experience* in these matters amounts to nothing, but we can form a tolerable idea of the merits of the French pathology from a careful examination of their reports; and, without entering into a detail of objections, we will just state, in a word, that we believe Louis and his school have made a distinction without a difference, particularly in reference to the lesion of Peyer's glands. With us typhus and typhoid are about like variola and varioloid—which are unquestionably identical. And, admitting with our countryman, Dr. Gerhard, that *typhus* is not attended with the lesion of the intestinal glands, (which, by the way, we are not prepared to admit *in all cases*,) we would respectfully ask, why should the existence of this lesion determine *the character* of a fever? or why should its absence be deemed so great a deficiency as to warrant us in the establishment of a different species of disease. The existence or absence of this lesion may indeed create a *variety*, but not a separate *species* of morbid action.

We cannot dismiss this subject, however, without the testimony of the physicians of Great Britain with regard to *the anatomical characters* of "the typhoid affection," in contrast with that of the French.

### "ANATOMICAL CHARACTERS.

#### FRANCE.

"A special change in the patches of Peyer is an almost unfailing condition of the existence of the disease."

#### GREAT BRITAIN.

"A special lesion of the patches of Peyer is of extremely rare occurrence, as a general proposition; but in almost all, or in actually all, the cases examined at certain periods of the year, or in certain situations, that lesion is discovered when it does exist, the phases through which it passes, and the influence it exercises on the mesenteric glands are the same as in France."

*British & Foreign Med. Rev., Oct., 1841.*

The general conclusion on this point is thus expressed by the writer (we presume the able editor, Dr. Forbes,) of the Review referred to:—

*"Here is sufficient to prove that implication of the glands of the ileum is not a necessary element in the constitution of the disease: hence the lesion in question can scarcely be legitimately put forward as furnishing motive for the separation of the two maladies as distinct species."*—Op. Cit. p. 325.

We cannot too earnestly invite attention to the following remarks respecting stimulants in the cure of typhus and typhoid:—

"Typhus and typhoid disease are generally considered more difficult to treat than synocha, the indications of cure more complicated, if not contradictory; and medical practitioners are more at variance in their mode of attempting to remove the symptoms. Here, however, as in the former instance, attention must be paid to the local affections; but, above all, in the idiopathic typhus, lotions to the head, to constrict and give tone to the vessels of the brain, and leeches to relieve the congestion, are the essential local applications, and the most unequivocal remedies in our power. Besides local applications, due attention must be paid to the alvine and renal secretions: but the

most important question is, as to the administration of stimulants, or of sedatives and depletions; and it is only by careful observation of actual disease, at the bed-side, that we can arrive at the knowledge necessary to guide us.

\* \* \* \* \*

We may understand the risk of stimulating a typhous patient, by supposing that when an important organ, such as the lungs or brain, is inflamed, or even congested, the weak pulse of the typhous state of collapse, during peripneumonia or typhus, may be one of the provisions of nature to allow the parts to recover, as they would during the collapse of syncope produced by bleeding; and, of course, when so important an organ as the brain itself is diseased, (as it is incontrovertibly in the typhoid state,) we should be careful how we set the heart jumping more forcibly than necessary. \* \* \*

There is languor and lassitude in all fevers; but the symptoms of sinking, requiring stimulants, are—fluttering, weak, soft pulse; cold sweat; lying on the back; respiration oppressed; involuntary dejections. Wine, on the other hand, will not agree whilst the pulse is hard or sharp, and the skin decidedly dry, even when there is subsultus tendinum and prostratum. Ammonia should be tried before resorting to wine.”

Here again is a forcible illustration of the condition of a typhus patient, and of the danger of administering stimulants:—

“As stimulants do not give power, but only elicit that which exists, the entire system, and the heart in particular, in typhus, may be compared to a tired horse in a loaded cart, reaching the foot of a hill, but unable to ascend it: the stimulus of the whip may make him struggle to the attempt; but, if urged, he will at length sink: if, however, some of the load be removed, he can ascend the hill:—and, if some of the load of blood be withdrawn, the pulse will rise, as is well known and admitted in its sunken state in severe inflammation of the lungs or bowels, but which is not so generally acknowledged in typhus, where bleeding is, nevertheless sometimes resorted to, either on account of the fever itself, or some of the “complications” of local inflammation of the head, chest, or abdomen.”

In accordance with this view of things, Dr. B. would resort to “saline, antimonial, and other sedative or antiphlogistic medicine.” These means, together with cold externally, and venesection according to circumstances, he deems beneficial in fevers, “both where the pulse is *too strong*, and where it is *too weak and rapid*. In both cases,” adds the author, “sedatives, by repressing the expenditure of nervous influence, cause the heart to struggle less, and take repose. At the same time [here again is the favorite notion of capillary con-



striction] the action of the capillaries throughout the frame being increased, by the constringing property of the sedative circulated to them, the nervous system recovers power."

Stimulants, however, as the Dr. remarks, are useful when the fever has ceased, and the *crisis* arrived, at which time there is "so much real debility."

Eruptive fevers are next considered. The author treats them on the same principles which have been laid down concerning the fevers mentioned. He says scarlatina may occur several times in the same person—that tartar emetic given to vomiting is the best practice for this disease, and that stimulants are decidedly injurious.

Small pox is next mentioned in a brief manner. Indeed a few pages devoted to scarlatina and small pox constitute all that he says on the exanthemata. In conclusion of the general subject (of fever) the author expresses himself thus on the unity of fever:—

"It has been remarked by experienced practitioners, that when typhus has been prevalent, some cases (which they nevertheless still called typhus) have occurred in which the sensorium was not much oppressed—some with a strong pulse at the commencement, some with hot skin, &c. &c.; in fact, that "no one symptom could be found uniformly present." This goes to confirm my opinion, that *there is but one simple fever, and which is exanthematous, petechial, though the rash may never be sensibly developed, as in scarlatina maligna; that it is continued, synochous ("synocha," sunecho,) whether with high or low pulse, high or low temperature; and that, when the sensorium is oppressed in addition, it is typhous, (typhus.)*"

The *neuroses* come next in order. *Neuralgia* is thus defined:—

"When the sensibility of a part morbidly increased becomes pain, and this takes place without perceptible accompanying inflammation, pathologists name it a state of NEURALGIA, implying merely *pain of nerve*, in contradistinction to pain *from inflammation*, in which there is always palpable evidence of the *vessels* being implicated.

\* \* \* \* \*

The import of the term morbid sensibility must not be misunderstood, because I apply it to a state of the central organ, of which the patient's sensorium is not conscious: he does not feel the morbid sensibility; but the central organ, the spinal cord, does feel, as it were—it is over-susceptible to impressions on its nerves: therefore the state is morbid susceptibility, excitability, or sensibility of the spinal marrow, independent of *animal* sensation,

Concerning the proximate cause, or morbid anatomy of neuralgia, he thus speaks :—

“ An inquiry into the the nature of the proximate cause of morbid sensibility, (“ irritation,”) or the actual state of the minute filaments composing the nerves and central masses of medullary matter when they evince the phenomena of morbid sensibility, offers an extensive field for research. Is it inflammation? It has occurred to me that it will hereafter be proved, perhaps, by means of the microscope, that it is inflammation of them, neuritis, either in the tract of the nerves, or at their union with the nervous centres. \* \* \* \* \*

The two opposite states of contraction and dilation of capillaries, therefore, are accompanied by the same phenomenon, morbid sensibility, (“ irritation.”) An exemplification is the morbid sensibility which accompanies symptomatic (“ irritation”) fever. In order, therefore, to cure, we ought to know whether the indication be to employ stimulants to dilate the capillaries, or sedatives and tonics to constrict them.”

Paralysis, apoplexy, convulsions, delirium in its various forms, etc., are all spoken of; but we have only room for one or two short extracts. The first relates to *delirium tremens*:—

“ In delirium tremens the weakened action of the brain is produced by the absence of accustomed stimulants; thus, in those who are in the habit of using much stimulus, (of fermented liquors,) the heart being accustomed to it, its actions proceed with regularity: when suddenly deprived of it, either from accidental cause, from voluntary refraining, or from its *being forbidden on account of some disease or accident*—the want of it causes the pulse to become weak, as if from the operation of digitalis, or other sedative; the absence of stimulus being equivalent to the influence of sedatives. \* \* \* \* \*

The only mode of remedy is by narcotics and stimulants; by which, in addition to the counteraction of the sedative state, a greater tendency to sleep is produced. The stimulant narcotic opium, or the simple narcotic morphia, should be used—not the sedative narcotic hyoscyamus, which itself produces delirium tremens.”

The author is not altogether correct here, in our judgment, unless the profession will agree to style *the one* particular state described by Dr. B. delirium tremens. This name, as well as mania a potu, amounts to little or nothing, as is the case with most other names of diseases, and we are well aware that most authors confine the disease to a particular state of the brain and nervous system, depending on the want of customary stimulus, and demanding in the main a decided opiate treatment. Dr. Jackson, of Northumberland, (now of

Philadelphia, Penn.,) in some very elaborate essays on this topic, published several years since in the *American Journal*, took *this exclusive ground*; and, as far as his observations went on this one particular state, (requiring opiates,) his remarks are exceedingly valuable, and his views correspond very well with those of Dr. Billing and most other pathologists. But we think that *two forms* of the disease are to be recognized.—One (and certainly the most important) depending on the state just spoken of—a weakened, exhausted condition of the brain and nervous system—requiring, as we have said, opiates. The other resulting from the direct stimulating influence of ardent spirits, or other powerful articles of this class—consisting in exalted action of the brain and nervous system—characterized by a full, frequent, and tense pulse, and an inflammatory condition of the stomach, etc.—requiring bold depleting measures. We took this view of the subject some six or seven years since, shortly after we entered the profession, and we were happy in being sustained by such able authority as Stokes, of Dublin.

We must pass on, however, as we have no room to discuss the matter. We want to present the reader with a few words touching apoplexy and paralysis:—

“Apoplexy and paralysis depend upon disease of the nervous centres, produced by mechanical injury, or spontaneous inflammation, or congestion only; and may either be cured, and the paralysis pass off, or the usual results of inflammation, tumors, abscess, effusion, softening, &c., may cause the paralysis to be permanent. \* \* \*

The principles of the treatment, I repeat, have already been laid down: active and decided antiphlogistic and anticongestive, in acute cases and plethoric patients; in passive inflammatory states, that is, with debility of constitution, just barely enough of local depletion of vessels; with tonics, and even stimulants, when the constitution and stomach require them; and a long and steady perseverance in the appropriate remedies, with a careful attention to the ebb and flow of power in the constitution.

The point to which I particularly wish to direct the attention of the practitioner is, that there occurs in old people a paralysis from mere debility of the nervous cavities, from local congestion without either inflammation, softening, tension, rupture of vessels, or other organic injury, and which will appear sometimes on one side, and afterwards on the other. These cases will recover under gentle and judicious attention to the constitution, by careful non-stimulating support and tonics, including a cautious administration of mercury.

This is admirable—much in little—and avows of apoplexy what



we have contended for so often, in opposition to many of our professional brethren—that it does not necessarily depend upon, or even co-exist in, effusion; but on congestion of blood, inflammation or mechanical injury; and that effusion may or may not occur. The essential phenomenon is *pressure* on the brain and nervous centre as a productive cause of the several symptoms of that disease.

We cannot omit the following sentence touching Humoralism:—

“There will have been observed nothing of humoralism in the preceding pages; for though I admit the influence of imperfectly assimilated nourishment, and its consequent deterioration of blood chemically, producing gravel or scurvy, &c., I ascribe the effects, whether remedial or noxious, of agents, mineral, vegetable, animal, taken into the circulation, to their producing changes of the solids. All *diseases*, in fact, commence, as I have already repeatedly said, by disturbance of the function of the solid parts of the machine; and, first of all, of the nervous system. This is solidism, or neuro-pathology.”

The author, having thus disposed of inflammation, fever, and the *neuroses*, takes up some particular diseases, such as *ague*, *cholera*, *influenza*, *rheumatism*, *erysipelas*, *dropsy*, *phthisis*. He then closes his work with some few observations on *cutaneous* diseases.

The idea of placing *ague* out of the category of fevers is something entirely novel to us, and doubtless will be to every one of our readers—so it is. Dr. Billing says that “*Ague* constitutes the link between fevers and *neuroses*;” and in the name he includes remittent fever. Let him speak for himself:—

“I will not enter here into a description of *ague*, as I am not writing for those unacquainted with the meaning of the term, but for such as have learnt it from lectures, books, or observation; and under the denomination of *ague* I include remittent, as well as what are called intermittent fevers.

*Ague* is essentially fever; it forms, however, a connecting link between fevers and *neuroses*, as a considerable degree of morbid sensibility exists in it. *Ague* is, besides, closely allied to Asiatic cholera and influenza, which are also essentially febrile diseases, as I demonstrated in 1832, when we had daily opportunities of seeing the former epidemic.”

The influence of *ague* on other diseases is thus alluded to:—

“Men of experience, especially in *aguish* districts, have seen all the modifications of these *larvæ*, such as *aguish* apoplexy, *aguish* paralysis, *aguish* sore eyes, *aguish* rheumatism, (called intermittent neuralgia, &c.,) and which are well described by Maccullough.”

We must now close this review with one or two extracts from the author's remarks on consumption, and a notice of his classification of skin diseases :—

“ Tubercles are a peculiar morbid growth in the lungs, not produced by common inflammation, but arising like scrofula, if not identical with it, and which, so far from being produced by inflammation, do themselves produce inflammation; but not till after they have grown to some size, though inflammation may incidentally occur simultaneously with their generation. The little light-colored grains, not larger than the head of a pin, which constitute the first stage, or germination, of the tubercles in the lungs, have also the names of miliary tubercles, from their resemblance to millet-seed. In this state it is my opinion that they may remain many years, without producing any symptoms whatsoever: the person may or may not have a cough at the same time from catarrhal affection, or sympathetic irritation; but instances occur of their being in the lungs without producing cough, though we have very seldom an opportunity of seeing this confirmed; unless sometimes, when a person dies in consequence of an accident, or some acute disease, we discover young tubercles in the lungs. \* \* \* \* \*

\* \* \* The nature of tubercles is not yet decided. I am of opinion that they are a strumous disease of the minute lymphatics of the lungs, growing like other tumors by the addition of coagulable lymph, which assumes various grades of organization, and follows the course I have just described.”

His remarks on treatment are very brief :—

“ Who ever understands the treatment of strumous cases has the groundwork of the treatment of phthisis, modifying that by calculating the nature of the organ in which the tubercular tumors are formed, and throughout making every effort to support the strength, not merely to preserve the vital powers, but for the purpose of promoting the kindly healing of the sores; for we have abundant opportunities of seeing, in surgical cases, how rapidly the strumous and other ulcers get worse as the patient becomes weaker. Hence one of the great difficulties in phthisis is, that the presence of the tubercles constantly bring on inflammation, which takes the form of peripneumony, or pleurisy, and requires antiphlogistic treatment; while the risk is, that in reducing the acute inflammation we reduce the power of the constitution, and so increase the chronic or strumoid disease. Here we have an explanation of the benefit experienced by some from the use of digitalis, or hydrocyanic acid, which keeps down the pulse and the acute inflammation, without wasting the vital fluid, or depressing the system, except in cases where it disagrees with the stomach, and then of course it does mischief by weakening. \* \* \* Again, the constant repetition of emetics in phthisis, as well as in ab-

scesses, has done good on a similar principle, by checking the deposition of new matter and facilitating the removal of old; as elaterium is useful in dropsy by its emetic as well as purgative properties. But the repetition of emetics is so distressing, and the chances of curing phthisis so doubtful, that few persons now prescribe this mode of treatment, which was at one time much praised and resorted to in this disease, as well as by surgeons for the removal of abscesses.

\* \* \* \* \*

One thing of which I am convinced is, that the true principle of treating consumption is to support the patients' strength to the utmost; and that though *occasional complications* may call for anti-phlogistic treatment, *tubercular disease by itself* does not. I must again caution young practitioners against shutting up phthisical patients in warm rooms. I am satisfied that a want of exercise induces a languor which makes them wear out faster than if permitted to ride or walk, according to their strength, in the open air.

The author, in the close of his little work, justly condemns the subdivision of cutaneous diseases, and adopts a very simple classification of the chronic form of these loathsome complaints:—

“I believe it will be perfectly useless, *as far as treatment is concerned*, to make any further division of chronic cutaneous diseases than into the papular, scaly, pustular, and vesicular. I really see no use in the interminable hair-splitting distinctions made by authors, from Willan down to the present time; and they are most appalling to the unhappy student, leading to vain repetitions in description of remedies, and an empiricism which excludes or confounds the principle of treatment.

The first or lowest degree of derangement is PAPULAR, or simple itching, which is sometimes not even evidently papular; in which the nerves evince morbid sensibility only, the first degree of debility, leading to congestion in the capillaries in those points.

Next comes the thickening, i. e., relaxation and sponginess of the rete mucosum in various points, the relaxation being sufficient to cause a slight loosening of the cuticle, which adheres in SCALES.

The third is PUSTULAR, when the relaxation has gone the length of some minute loss of substance, which the surrounding healthy capillaries set about restoring by granulation and suppuration of pustules.

The fourth might be thought by some to be a minor degree, because apparently more simple—the mere separation of the cuticle in the form of VESICLE; but, on the contrary, there is a higher, being a more rapid inflammation; and, moreover, we see analogically that the visications take place in connection with the erysipelatous state of disease which evinces loss of power of the constitution. \* \* \* \*

Tonics, such as iron, mercury, and arsenic, cure in two ways—by their direct effect upon the vessels of the skin when circulated to them, and by their effect upon the primæ viæ in giving tone: we



must not, however, produce salivation by the mercury, nor inflammation of the bowels by the too free use or abuse of mercury or arsenic. Iron, again, injudiciously applied, will rather retard digestion, of which it is the greatest promoter in proper doses, which doses are relative, as has been already shown. Compound decoction of sarsaparilla, with the mezereon and decoction of dulcamara, are most valuable remedies; but if the stomach and bowels be oppressed by them they do no good. I have shown how remedies sometimes fail from being too energetic. In cases of psoriasis, in which the usual routine of "specifics" had been tried by various practitioners unavailingly, because too freely applied, seeing that the patients were of very delicate though not unsound constitution, with weak digestion though not want of appetite, I have given the mildest tonic, the sulphuric acid lemonade, which has rapidly cured the previously intractable psoriasis."

We have thus given, as we think, a pretty fair analysis of Dr. Billing's "Principles of Medicine." If we have been severe in any part of our criticism, it was because we thought the cause of truth demanded it; and if, again, we have bestowed praise, it was because the distinguished author justly merited it. In our examinations of authors we are guided by the principle said to be adopted by some political party, (but we know not which one,) "*PRINCIPLES not MEN*," a principle by which all theories and systems should be tested.

W. J. B.

Cincinnati, O., June 1st, 1842.

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*Liston's Surgery.*

We are gratified to learn that this justly popular work, with notes and additions by Prof. Gross, of Louisville, is about being offered to the profession. The original work of Mr. Liston was one of acknowledged utility. Unlike many modern works, the author chose to think and act for himself; and the result has been, that, independent of original observations, the whole is presented in a clear, perspicuous light, abounding every where in good common sense and sound discrimination. What the value of the notes and additions will be we cannot of course determine; but, judging from other works from the same distinguished author, we are led to anticipate the addition of much highly important matter.

## MISCELLANEOUS SELECTIONS AND INTELLIGENCE.

1. *Entire Division of the Masseter Muscle, for Rigidity of the Jaw.*—By J. W. SCHMIDT, M. D., New York.—Miss S—— had labored for more than twelve years under the very serious inconvenience of not being able to open her mouth, owing to a contraction and rigidity of one of the masseter muscles, which was caused by an extensively ulcerated throat when a child. The jaw was not only so closed that the end of the little finger could not be inserted between the incisors, but was also much drawn to one side. Frequent attempts had been made to open the jaws by means of an instrument, which I have seen succeed in cases of immobility of the jaw, produced from the use of mercury, and described by Professor Mott in the fifth volume of the American Journal of Medical Sciences for November; but no permanent good resulted from this instrument, for after its use the contractility of the masseter seemed only aggravated, and the jaw rendered more firmly resistant.

The young lady being very desirous to have this inconvenience and deformity removed, after some examination of the case, I determined on the following operation. On the 8th of October, 1841, in the presence of my friends Professor Mott and Dr. C. A. Porter, I passed a narrow bistoury through the mucous membrane of the mouth, immediately in front of the anterior edge of the masseter muscle, about on a line with the alveolar processes of the lower jaw. Holding the integument up from the muscle with one hand, the bistoury was passed over the masseter, between it and the integuments, and the muscle completely divided to the bone. The mouth was immediately opened to near the usual size, and the lateral distortion of the jaw much improved. Considerable hæmorrhage followed, and some extravasation into the cellular substance, which gradually subsided, and the case succeeded well. To prevent union of the muscle as before, pieces of soft wood, wedge-shaped, were kept in the mouth during the night, and occasionally during the day.

I am not aware that the entire division of the masseter, on the sub-cutaneous principle, has before been performed. Professor Mott, who witnessed a great many orthopedic operations by Guerin, has never seen him divide this muscle, nor has he done it. I was informed, by a practitioner in this city, that the masseter had been divided by Dr. Mutter, of Philadelphia; but on referring to his paper, published in the American Journal of

Medical Sciences for May, 1840, I find that he only divided the anterior fibres of the muscle, with an instrument resembling a gum lancet. The knife being introduced within the mouth, had the great advantage of leaving no scar.

June 22d, 1842.

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2. *New Mode of Treating Hydrocele.*—By J. PANCOAST, M. D., Professor of Anatomy, in Jefferson Medical College, Philad.

My dear Doctor,—I send, at your request, the following notice of a new mode for the cure of hydrocele in children :—

Hydrocele in children, even where the opening has been closed, that led from the tunica vaginalis to the cavity of the abdomen, is a disease of frequent occurrence. In early infancy strong discutient lotions will usually suffice for its cure. But, after the second year, some more efficient means are required to produce this result. Mere evacuation of the serum with a common lancet or trochar, or a number of punctures made into the sac with a large needle, so that the fluid may escape into the cellular tissue of the scrotum, and be subsequently removed by the absorbents, are the modes of cure commonly relied on. But I have found them so uncertain in their result, success, in many cases, being attained only by a repetition of the process, that I have latterly adopted the following plan of treatment, which, in three cases that I have tried it in, has proved perfectly successful.

I puncture the swelling, in front and below its middle, with a common thumb lancet. When the serum is discharged, a little pressure causes the serous or vaginal tunic to protrude in the form of a small cyst. This I lay hold of with a pair of forceps, and draw it out as far as it will admit. I then divide the lower half of the cyst next the skin with a pair of scissors, and traction again being made upon the pedicle, still more of the tunic may be drawn out from the upper portion of the scrotum, which is nipped partly off and treated in like manner as before. I repeat this process while any portion of the vaginal tunic can be made to readily protrude at the opening, so as to be laid hold of with the forceps. I then surround the side of the scrotum and the testicle involved with strips of adhesive plaster, after the manner of Fricke, of Hamburg, for the cure of hernia humoralis. By this means, the cellular tissue of the scrotum (the tunica vaginalis reflexa having been removed, to a considerable extent, with the forceps and scissors) is brought directly into contact with, and ultimately becomes adherent to that portion of the vaginal tunic which is closely attached to the fibrous coat of the testicle.



The child is allowed to run about as usual, and in a few days is perfectly well. Excepting as regards the puncture of the skin, the operation is entirely devoid of pain.

This plan of cure will, I think, be generally found applicable in children. It is certainly more speedy and certain in its results than any measure short of injection of the sac, which is not usually practised in children.

It would also, I think, be found successful in the recent hydrocele of adults, before the tunica vaginalis reflexa has become so coriaceous, or been so thickened by disease, as to prevent its being drawn out in the form of a cyst through a narrow opening. In one instance, where the puncture or palliative process had been several times tried without success, and in which I feared I might find a thickened membrane, I made the puncture through the skin with a curved bistoury, and pushing it on to the top of the sac, divided with the point of the instrument, as I withdrew it, the anterior wall of the tunic, laying open the subcutaneous cellular tissue of the scrotum, but not cutting the skin. Subsequently, no difficulty was encountered in drawing out the tunic and removing it with the scissors.

Very sincerely yours, &c.

April 20th, 1842.

J. PANCOAST.

Since writing the above I have operated upon another case in the same manner, in which the passage leading to the cavity of the abdomen had remained open. The cure in this instance has been slow and gradual, occupying about a month, and without the aid of a truss. The fluid re-accumulated in the tumor during the first week, but it was gradually absorbed, adhesion beginning below and proceeding upwards, till a radical cure was established.

June 8th, 1842.

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3. *Fracture of the Neck of the Femur.*—Mr. B. COOPER, in his recent course of lectures at the Royal College of Surgeons, attempted to show that fracture of the neck of the femur within the capsule never could occur; that, in fact, nature never intended that it should. He entered at considerable length into the arguments which had been adduced on both sides of this contested point, and denied that a case of osseous union of the neck of the thigh bone within the capsule, had ever occurred.—*American Jour. of the Med. Sci.*, from the *Lancet*.

4. *Reunion of the Fingers*.—M. della Fanteria attended a young girl who had two fingers cut off by accident, while engaged in domestic affairs. He found the fingers in some bran, in which they had fallen; but, to his great surprise, they were both cut into two pieces. He, nevertheless, determined to reunite them to the hand, which he effected by strapping and sutures. At the end of a few days union was perfect, and the poor girl thoroughly recovered the free use of her fingers, the articular motions continuing.(!) This case is verified by the celebrated Vacca, and by Professor Centofanti.—*Prov. Med. and Surg. Journal*, May 14, 1842, from *Annali di Univ. di Med.*

5. *Hope's Mixture as a Remedy in Dysentery*.—Dr. Dungleison,—Below I send you my experience in the treatment of typhoid dysentery, hoping it may prove of service to some of your numerous subscribers.

If you consider it worthy of the space it will occupy in your valuable Journal, you will oblige a subscriber by inserting it.

Yours, &c.,

BENJAMIN F. EPPES.

This disease commenced in Norfolk, Virginia, some time last summer, and was characterized by all the symptoms of typhoid dysentery, usually met with in the works on the subject; it had, however, other peculiar symptoms which I shall give below; considering them to be characteristic of this disease, as I have never met with them in any other. The most prominent of these was the unusual force with which the abdominal aorta pulsated: in one case it was strong enough to remove cupping-glasses, placed on by the ordinary mode of suction, and I had to use, instead, tumblers exhausted with the flame. The skin was shrivelled and cold, with a clammy sweat extending over all parts of the body excepting the abdomen, which was very hot and dry.

*Treatment*.—When I first saw the disease, I considered it easily managed by the remedies laid down by authors; but, alas! how soon my exalted opinion of the remedies for treatment was set at naught. I felt as a mariner would without his compass, although he had his chart. I had not yet tried the above remedy, and on referring to the first volume of the "Medical Examiner," I found it highly extolled by Prof. C. D. Meigs, whose opinion I was taught to reverence while at the University of Virginia. But I will allow him to speak for himself. In speaking of a carpenter, (Miller by name,) he

says:—"I had exhausted all of my means in this case, viz., venesection, calomel and opium, emulsions of oil, anodyne enemata, &c.; and, after many days of intense suffering, he was still tormented with tormina and tenesmus, which called him up from thirty to forty times per diem. I procured the acid mixture; he took eight doses, and was well thenceforth. Since, I have used it with the most happy results in numerous cases of cholera, ordinary cholera morbus, diarrhœa, dysentery, and cholera infantum. I think it fully deserving all the commendations bestowed on it by Mr. Hope, and I earnestly desire that the readers of your useful work may make a fair trial of it in the dysenteries which now prevail." My experience entirely accords with that of Dr. Meigs. I used it in from forty to fifty cases, and had the satisfaction to lose only two cases. Demulcents should be used as a drink and diet. I append the formulæ of Mr. Hope, as it may be acceptable to some of your subscribers:—

R. Acidi nitrici, f. 3j.  
 Mist. camphoræ, f. ʒviij.  
 Misce et adde,  
 Tr. opii, gtt. xl.

*Dose.*—One-fourth part every three or four hours.

*Am. Med. Int.*

June 17th, 1842.

6. *Sciatica Cured by Extract of Belladonna.*—The following interesting case is related in the *Bulletin Therapeutique*.

A lieutenant in the French navy had long labored under a very severe form of sciatica; the pain extended from the sciatic notch to the terminal branches of the nerve in the foot, and was of the most violent kind. Several remedies had been tried without effect, when M. Hiriart resolved on employing the extract of belladonna. The bowels were first cleared out by an active-purgative; and the whole limb was then rubbed several times during the day with an ointment composed of one part of the extract to two of lard. After the fourth friction the patient experienced a creeping sensation in the limb, and some slight symptoms of narcotism appeared; he enjoyed, however, some sleep during the night. On the following morning the pain had shifted to the opposite limb, whence it was driven by the same means. The state of the bowels and stomach was regulated by gentle purgatives and proper diet, and in a short time the patient was completely cured of a disease from which he had previously suffered the most cruel torments.—*Am. Jour. of the Med. Sci.*, from the *Prov. Med. and Surg. Jour.*



7. *Ipecacuanha as a Counter-irritant.*—By A TURNBULL, M. D.—I am anxious to bring under the notice of the profession a medicinal agent, which I have no doubt, in the hands of judicious practitioners, will prove serviceable when circumstances indicate the propriety of its use. I refer to the action of ipecacuanha and its alkaloid emetin as a counter-irritant. I am not aware that this medical substance has ever been used for the purpose of exciting counter-irritation on the surface of the body. The formulæ I find preferable are as follows:—

R. Ipecacuanha powder, ʒij.; Olive oil, ʒij.; Lard, ʒiv. Or,

R. Emetine, grs. xv.; Spirit of wine, gtt. xv.; Lard, ʒiv.

I have not found the emetin ointment to possess any advantages over the ipecacuanha. Either of these preparations, by being rubbed on any part of the cuticular surface for a few minutes once or twice a day, produces a very numerous crop of small eruptions without any pain, which will continue out for many days. This counter-irritant is superior to the tartar-emetic, as it never leaves any scars upon the skin. This is one of its peculiar advantages, when it is necessary to apply a counter-irritant to the face or neck. The pustules, with some individuals, assume the appearance of tetter, and the eruption is accompanied with a sensation of heat and itching. The tartar emetic appears to have a more powerful action than the ipecacuanha or emetin upon the true skin; the pustules produced by it have inflamed bases.

I have found the above formulæ of great advantage in chronic diseases of the chest and abdomen where counter-irritation is indicated. Under such circumstances, I direct one part of the chest or abdomen to be rubbed until an eruption takes place: after an interval of a day or two, the ointment is applied to another part, and thus an irritation is kept up by a succession of applications to different parts of the chest. In my opinion, this counter-irritant has a specific influence upon the mucous membranes of the body in the removal of disease, independently of the counter-irritation which is induced, for I have often perceived much relief effected in pulmonary affections previous to the pustules being developed. I have often witnessed the most marked beneficial effects follow the applications of the ointment over the region of the heart; the circulation becomes lowered, and nervous palpitations removed without any other remedy being used in conjunction with it.

When rubbed freely over the abdomen, I have never observed the ointment induce the slightest degree of nausea or vomiting. In cases of paralysis the parts affected ought to be well rubbed with the preparation, and the irritation should be

kept up for a length of time; the peculiar irritation produced by so doing renders this remedy very efficient in the restoration of nervous energy to the affected part. The affections in which the ipecacuanha and its alkaloid will be found useful are too numerous here to specify.

When the pustules are well developed, and the patient perseveres in rubbing the ointment over them, an extreme heat with intense itching will be felt; but, unlike tartar-emetic ointment, the eruption is not disposed to assume an ulcerative character. I think this fact will establish the mildness of ipecacuanha to the tartrate of antimony as an emetic.—*London Lancet*, May 7, 1842.

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8. *Blockley Hospital*.—*Service of W. W. Gerhard, M. D.*; Reported by M. W. WILSON, M. D., Resident Physician.—*Pericarditis*.—Two cases come under our notice—one white man and one black. In the first the disease supervened on an attack of acute articular rheumatism. The case was a mild one, and the patient convalesced in about ten days. The case presented nothing worthy of remark; it was but an instance of the connection of pericarditis with rheumatism, a rule now so well established, that if the patient has the latter disease in a severe form, we know that pericarditis will accompany it in the large majority of cases. As in most cases of rheumatic pericarditis, no treatment was especially directed to the heart, the general treatment is quite insufficient.

Theodore Joseph, ætat. 28, colored man, entered the wards on the 19th of April.

[At the time of entrance of the patient he was too feeble, and his intellect too dull, to obtain any accurate history of his case.]

22d. *Present State*.—Head considerably elevated; dyspnoea; respiration 58, very irregular, short, chiefly abdominal; pulse 84, slightly thrilling and irregular, not intermittent. Cough short and dry; expectoration viscid. Heat of skin moderate; tongue large and white; bowels open last night. Impulse of heart feeble, slightly thrilling and diffused. Percussion dull over second rib for an inch down the sternum, then perfect flatness, which extends to below the nipple, and a little anterior to the posterior portion of axilla. Right side, flatness of lower half. Respiration vesicular under left clavicle; sounds of heart feeble; both sounds a little harsh; various modification of the friction sound. On the right side, where dulness exists, crepitant rhonchus. Posteriorly on the right side, upper lobes, crepitant rhonchus and imperfect bronchial respiration;

lower lobe, bronchial respiration. Left side, crepitant rhonchus abundant also; extent nearly as on the right side. Ordered four dry and four scarified cups between the shoulders.

R. Mass. Hydrarg. gr.j.; Ipecac. Pul. gr.ss., M. q. h. s.

R. Ammon. Carb., gr.iiss., q. h. 2.

R. Vini 3iv. per diem.

Evening. Pulse 92, more full and strong; respiration. Ordered six scarified cups to chest, posteriorly.

23d. Improved appearance; pulse 93, more full and soft; respiration 46, still irregular; sounds of heart clearer, friction sound doubtful; respiration above the heart clear. Right side, slight bronchial respiration at root, and slight crepitant rhonchus, abundant and loose in lower lobe, loud bronchial respiration only at root. Percussion clear on right side; on left side as yesterday. Ordered six scarified cups to chest. Continue treatment.

Evening. Pulse 104; respiration 56.

24th. Slept well; bowels open twice during the night. Pulse 86, soft and nearly regular; respiration 48. Continue treatment.

25th. Decubitus horizontal; pulse 92, soft and regular; respiration as yesterday.

Impulse of heart stronger, and sounds clearer; both sounds heard; a faint bellows murmur with first, no creaking.

Respiration vesicular and puerile in upper lobe; bronchial at root, and crepitant rhonchus at the bottom of lower lobe. Right side, posteriorly, feeble and harsh. Rude at the summit, anteriorly. Percussion less dull on left side. Ordered four cut cups posteriorly to chest. Continue treatment.

Evening. Pulse 100; respiration 48.

26th. Slept none last night. Pulse 96; respiration 48, more regular. Appetite not so good.

27th. Pulse 104, rather feeble and thrilling; respiration 48, high, irregular; expectoration slightly rusty, rare, very viscid; complains of more dyspnoea; respiration, on left side, still bronchial. Right side, vesicular throughout; sounds of heart feeble, impulse strong, action jerking; very slight creaking sound over heart.

Flatness on percussion over præcordial region about the same as before; left side posteriorly flat throughout the greater portion. Ordered two scarified cups and three dry ones to chest posteriorly. Mercurial increased one half.

28th. Pulse 104; characters as yesterday. Respiration 44, high, irregular; expectoration more copious.

29th. Respiration still frequent, 56 after excitement; pulse 120, small and feeble; intellect clear; cough clear and loose; expectoration slightly muco-purulent.



R. Ammon. Carb. 3j.

Syr. Senegæ, 3j.

Mucil. G. Acac. q. s. 3vj

M. 3ss. q. h. s.

Evening. Pulse very small and feeble, 104. Respiration very labored, 54; extremities cold. Ordered sinapisms to extremities, and—

R. Ol. Terebinth. 3ss.

Lac. Assafoet. 3j. Per anum.

Died during the night.

*Autopsy twenty-four hours after death.*

Pericardium contained two quarts of purulent fluid; on its interior surface it exhibited patches of bright red injection, corresponding with the right ventricle and base of the heart; the whole covered with tolerable firm lymph. Heart also covered with lymph, and presents spots of similar redness, corresponding with the redness of pericardium. Parietes of left ventricle somewhat thickened, (not measured.) Right auricle very much dilated. Valves healthy, without redness or lymph. Extensive adhesions of both pleura.

*Lungs.*—Upper lobe of left granulated; lower lobe has some purulent infiltration.

*Right Lung.*—Congested; middle lobe granulated; lower lobe infiltrated with purulent matter like the left.

*Liver.*—Considerably enlarged and pale; scarcely fatty.

*Kidneys.*—Commencing granulations in the cortical substance.

[*Remarks.*—The patient had probably been ill two or three weeks before his admission, without assistance of any kind. The dyspnœa was excessive—58 inspirations in the minute—while the pulse was only 84. This excessive frequency of respiration is in itself almost always a mortal sign, but when it is conjoined with a pulse which is very nearly of the natural frequency, the prognosis cannot well be more unfavorable. The physical signs of pericarditis, with effusion, were well developed in this case: the action of the heart was enfeebled by the large mass of liquid, which did not, however, at first prevent the friction sound from being developed. The alterations of the sounds of the heart were extremely slight, which was readily explained from the absence of endocarditis; confirming the rule, that simple pericarditis, with effusion, produces in most cases some alteration of the sounds of the heart, but only to a slight degree. When there is much rasping, or a strong bellows sound, it may be regarded as nearly conclusive evi-

dence of endocarditis. Death took place from the gradual enfeebling of the circulation, from the mass of liquid in the pericardium.

The treatment would probably have been successful in this case, if the patient had not entered at so advanced a period. He evidently improved under the cups, which were the only depletory measures we could employ, but had not sufficient powers of reaction to repair the lesions which were already formed. It was a matter of doubt whether blistering would not have answered a better purpose; cups were, however, preferred, on account of the extreme dyspnœa, and the preservation of a tolerably forcible pulse: they were repeated on account of the relief which for a time followed their use. The mercurials were not used long enough to produce any sensible impression.—w. w. G.]—*Med. Exam.*

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9. *Identity of Cow-pox and Small-pox.*—Dr. Murphy of Hanover, in a letter published in the *Prov. Med. and Surg. Jour.*, 14th May, 1842, states that Dr. Reiter of Bavaria, “variolated fifty cows, and once succeeded in getting a pustule, the matter of which he employed on a child, and succeeded here likewise in producing pustules, but then, alarmed by a secondary eruption of vesicles, he took the disease for variola, and discontinued the propagation. The experiment was, however, as it were, accidentally continued, and afforded a most valuable proof of the identity. The cow which had produced the pustule stood in the same stable with another, and the latter about three weeks afterwards showed excellent cow-pox. The same happened in another stable, and from both these infected cows children were inoculated, and showed very fine, well characterized cow-pox. This observation, though not taken as a proof by the author himself, is fully entitled to be added to the experiments of Thiele and Cely in favor of the question.

He further states, that Dr. Gassnar, in 1801, inoculated eleven cows, one of which only became affected with cow-pox, and with the lymph of this cow Dr. G. inoculated four children of a clergyman, in all of whom a pustule was produced, having the characters of genuine cow-pox. The same occurred in seventeen other children, when he lost the lymph with the right time for its further propagation.—*Amer. Jour. Med. Science.*

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10. *Blockley Hospital—Service of W. W. Gerhard, M. D.* Reported by M. W. WILSON, M. D., Resident Physician. *Neuralgia.*—Seven cases were treated, three men and four women.

*Neuralgic Cephalalgia successfully treated with Veratria.*---

L. S., a man of robust frame, aged 50, entered the ward with severe neuralgia, which had annoyed him for many months. The pain was very severe, and apparently confined to the anterior part of the scalp. After using a variety of means without benefit, he was put on the use of veratria—the twelfth of a grain three times a day for four days, at which time he complained of a pain in the stomach, but was entirely relieved from a pain in the head. The medicine was now discontinued, and fifteen grains of the precipitated carbonate of iron given three times a day. He had no return of it while he remained in the ward.

*Case of Neuralgia with some obscure Organic Disease.*—

A. T., an English woman, of middle age, and of stout robust frame, had been troubled with various anomalous symptoms for many months. She complained of pain in the head, stomach and breast, and occasionally in the back between the shoulders. At most times her countenance exhibited the appearance of anemia, but sometimes it was flushed, and her expression was that of suffering.

The extremities occasionally became swollen and œdematous; and her urine, by the application of the tests—heat and nitric acid—deposited albumen. The œdema and albuminous urine, which no doubt depended on functional derangement rather than organic disease of the kidneys, entirely left her. The pulse was bounding, full and frequent, ranging from 80 to 120 per minute; and although reduced by a full bleeding, it returned to its former standard within twenty-four hours.

The physical signs indicated no disease of the chest, except slight hypertrophy of the heart. The anemia, the occasional dropsy, and the peculiar character of pulse, were symptoms not easily explicable, except from the supposition of some organic disease; and by way of exclusion, a doubtful but probable diagnosis was arrived at, namely aortitis.

[This case was a most obscure one. The patient had been a woman originally in easy circumstances. She fell into great poverty, and afterwards became intemperate. The most prominent symptoms were dyspnœa and frequency of the pulse; the neuralgia was also severe, but much more variable. The anemic state of the patient had formed after many of the other symptoms were developed, and could not at any rate have done more than increase the neuralgic pains. Knowing that chronic aortitis is often connected with some of these symptoms, (the dyspnœa and excited pulse,) and finding no other obvious lesion, we referred the disorder to this source as its possible, perhaps probable cause.—w. w. g.]



11. *Intermittent Fever*.—Four cases came under our notice. This disease assumed a very mild form this season. It was checked in every case by the administration of ten grains of the sulphate of quinine an hour before the anticipated rigour, followed by forty drops of the tincture of opii just as the chill was commencing. In no case did there exist a necessity for a second dose.

[The practice of the hospital has always been to give the quinine in comparatively large doses. Of late years this method has become more general; and the dose is now rarely less than five grains.—*Med. Ex.*]

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12. *Galvanic Forceps*.—These forceps were made by Gorck, the instrument maker, by order of Dr. Kilian, only to see what might be their effect upon the uterus. The blades are made of copper and zinc, and the metals are properly isolated from the hand of the accoucheur. The first experiment with the galvanic forceps was made with a woman aged 27, of dry constitution, choleric temperament, and jaundiced complexion. The application of the forceps was decidedly indicated in this case. The head of the child which was in the first position, remained fixed at the lower aperture of the pelvis, and the torpidity of the uterus was so great, that the child had not moved for two hours and a half; while the infiltration of the scalp was of the size of a man's fist. Before applying the forceps, Dr. Kilian had the patient bled to fourteen ounces; but this had no influence on the action of the uterus. The blades were easily introduced into the uterus; but the moment they were joined, the woman had a fresh pain, which was very violent, without being unbearable. At the same time a movement was felt in the whole uterus, which became as hard as a stone, and lost the morbid sensibility which it had shown before on each examination.

This state of things continued from the beginning to the end of the application of the forceps, and in spite of the hardness of the uterus the pains had no expulsive power. Nothing, however, indicated any spasm of the internal sexual system. After four actions with the forceps, the head cleared the lower aperture of the pelvis, and then (as well as before,) the femoral muscles underwent a spasm and trembling of an unprecedented kind. Dr. Kilian then removed his hands from the instrument, to see if the uterus, which was still contracted, would not complete the expulsion of the child's head; but this was not the case, so that he was obliged to continue the use of the forceps.

The infant immediately breathed, which was surprising, when we consider how long it had been fixed in the lower

aperture of the pelvis. Hardly were the shoulders free, when the child, which was very strong, began to cry, and the pulsations of the cord immediately ceased. The uterus then contracted, and in five minutes the placenta was in the vagina. There were no pains after delivery, and the lying-in was quite regular.—*London Med. Gaz.*, May 13, 1842, from *Annales de Gand and Gazette des Hospitaux*.

[This is certainly a new application of galvanism.—*Med. Ex.*]

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13. *On the Management of the Placenta*.—Mr. Joseph Bell relates, in the *London Medical Gazette*, (Jan. 14th, 1842,) a number of cases to prove the mode of managing the placenta, recently recommended by Mr. Murphy. It is chiefly applicable to cases where it is usually thought necessary to introduce the hand for the purpose of extracting the placenta, and consists in the application of a broad bandage round the abdomen, and firm pressure made with both hands on the fundus uteri. The same practice he has also found of use previous to delivery, in cases of inefficient pains. Mr. Bell seems strongly opposed to the practice of introducing the hand into the uterus to extract the placenta, under any circumstances, and while he admits that there are cases of retained placenta, in which the above measures are attended with very little benefit, recommends that in them the child should at once be put to the nipple as a preferable course to the usual practice. This, he says, has always been followed by uterine contraction, cessation of the flooding, and expulsion of the secundines.—*Amer. Jour.* from *London and Edin. Monthly Jour. Med. and Sci.*, May, 1842.

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14. *Semi-amputation of the Uterus*.—Dr. Grembler, of Neider Orschel, was suddenly summoned one morning to an hysterical female, aged 53, who had long been subject to procidentia uteri. On his arrival, he found her icy cold, and exceedingly pale. He ascertained that she had just removed with a knife that portion of the uterus which projected beyond the vulva, and that considerable hæmorrhage had followed. He arrested the bleeding by the use of the plug and styptics, and of appropriate internal treatment. That portion removed comprised nearly half the organ, including the os tinæ. The patient soon got well, but her recovery was succeeded by hysteria and nymphomania.—*Ibid.* from *Med. Zeitung*.

# THE WESTERN LANCET.

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CINCINNATI, AUGUST, 1842.  
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## PATRONAGE OF QUACKERY.

Law, divinity, and medicine, are the three *fundamental* or *characteristic* professions of civilized society. The two former preside over the temporal and spiritual relations of man, while the latter administers to his corporeal necessities. The former have awarded them, by universal consent, uninterrupted dominion over their respective spheres; while the latter encounters opposition on every hand, and often maintains only a precarious existence, trodden down by a deceived, ignorant, and supercilious opposition. Many of the most gross and palpable deceptions, assuming the title of science, are munificently supported by the public; while medicine, a noble and charitable science, is viewed with distrust, suspicion, and aversion, and its legitimate reward often intentionally withheld. This perverted state of things depends, in no small degree, on the misrepresentations of designing and unprincipled men; and, also, on a want of *concert of action* among medical practitioners.

Collision of interest is a fruitful source of distraction in medical communities. Few men are more keenly sensitive to professional derogation than physicians, and none suffer contumely more frequently and unjustly than they; and hence, when all these points exercise their full influence, aided by the constant misrepresentations of intermeddling persons, it ceases to be a matter of surprise that physicians have sometimes so little unity of action.

Detraction of a professional brother should *always* be carefully avoided. We should remember that medicine must be sustained as a *united whole*, and whenever a *part* is injured, the great mass suffers a corresponding depreciation. Well informed and honorable physicians are seldom, if ever, guilty of improprieties that call for *public* denunciation, either directly or by inuendo; and few circumstances



can justify the public disparagement of a professional brother. Yet we fear that frequent injury is done to individuals, and the profession at large, by hasty and inadvertent denunciation, to say nothing of *intentional* censure.

If a physician is called in consultation, or supercedes another, it is no part of his duty to review and make disparaging comments on previous treatment; but his whole duty consists in an effort to cure his patient; and, if the preceding physician has been unjustly dealt with, it becomes the duty of the former to *defend him from injurious aspersions*. What are the results of an opposite course? If censure is cast upon a former attendant, the conclusion on the part of the patient is, that he has been shamefully maltreated; and, perhaps, instead of acquiring confidence in the kind censor, he too becomes a subject of distrust, and the *finale* is, that an unblushing empiric, who loudly condemns *all* physicians, supercedes the regular practitioner. We note one particular point. A physician has thought proper to administer *mercury* freely in a case of disease, but success not speedily attending the treatment, a second practitioner is summoned to attend. He, having the advantage of previous treatment to guide him, concludes that *too much calomel* has been given. What does he do? Of course he changes the treatment, and, in his ardent desire to propagate correct principles, does not fail to *tell* the good people that the calomel treatment was injurious. Under the new treatment the patient recovers. What is the inference? Calomel is bad medicine, and, as physicians usually give it largely, we will go to homœopathy, to steam, or to the patents, and leave the mercurialists alone in their glory.

The unintentional impulse thus given to empiricism is carefully improved upon by that *philanthropic(?)* race. They sound the tocsin of alarm, and raise the botanical or infinitesimal war-whoop, and absolutely frighten many credulous persons into a support of detestable absurdities. One goes to a homœopath, because his bones are full of calomel; another goes to the steamer, to get the opium and minerals distilled from his system; another takes Swaim's Panacea, (understood to contain corrosive sublimate,) to cure *mercurial disease*. Thus is quackery nurtured, and scientific medicine seriously injured.

Let us correct these defects. Let us support and defend against unjust imputations, our honorable and well disposed brethren, and if they err, the rule should be to tell *them* of it and not the *public*. By thus eschewing unnecessary opposition, and encouraging harmony

and good feeling in the profession, quackery will lose a material support, and finally dwindle into that insignificance from which its loathsome form cannot rise.

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## THE WESTERN JOURNAL.

The June number of our cotemporary, the Western Journal of Medicine and Surgery, published at Louisville, Ky., contained an article, from the senior Editor, on "Western Periodicals," in which it was remarked that the Western Lancet was in the interest of the Medical College of Ohio. This being an error, we requested our friend to make the necessary correction. We also understood the Journal to censure the multiplication of periodicals in the West; and, dissenting from that view, gave our opinion briefly on the subject. The opinion was also expressed, that *party feuds* had been an injury to the profession, and that it was no part of our object to engage in such contentions. On that subject we have now only to add, that we consider it a *total perversion* of the objects and designs of the medical press to become the organ of any school; and we honestly think, that so long as journals interest themselves in particular institutions, however meritorious they may be, they serve to perpetuate sectional feelings, and, to some extent, fail to accomplish the great objects for which they were established.

In reply to our article, the *junior* Editor of the Journal presents a mass of irrelevant matter, decidedly a *morbid specimen*, which we think the *chemist* could scarcely analyze, or the *pathologist* classify, and which does not merit a reply. We commend to him repose, and presume the end of another month will find him enjoying his usual complacency.

We will only add, that the original article of the journal would not have been noticed, had not its evident tendency been to influence the circulation of the Lancet; and not having an opportunity of making extensive tours through the country, it could only be corrected through the pages of our periodical.

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ANOTHER HUMBUG.—A Dr. Turnbull, of London, has produced considerable excitement by the annunciation that he is able to cure *all diseases of the eye*, with the vapor of hydrocyanic acid. By this means an opaque conea is rendered transparent, and cataracts are immediately absorbed. Onward is the march of medicine.

**PHYSIOLOGICAL CURIOSITIES IN KENTUCKY.**—Sometime since, a remarkable phenomenon was observed in Kentucky, in the person of a little girl, from whose thumb and fingers hairs and bristles, of different sizes and colors, grew and dropped off in an instantaneous manner. The case excited considerable interest, an account of which was published by Elder John Allen Gano, in the *Western and Southern Medical Recorder*. Still more recently, a case has been made public, in which *bones* have been discharged from various parts of the body, of considerable size and great numbers, and without producing pain or other particular inconvenience. The *Medical Intelligencer* (Lexington, Ky.) announces that a history of this case is promised for the *Western and Southern Medical Recorder*.

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**FALL LECTURES.**—Professors Mitchell and Cross, of Transylvania University, and Professors Cobb and Gross, of the Louisville Medical Institute, will deliver courses of fall lectures in their respective institutions. This is commendable. The four months included in a regular session is too short a period; and hence the advantages to be derived from a preliminary course will be very great to the student. We have previously noticed the fall lectures in this city.

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**THE MEDICAL INTELLIGENCER.**—This is the title of a new medical sheet, issued at Lexington, Ky., and, we presume, under the control of the Medical Faculty of Transylvania. The present number contains an extended notice of the Medical School of Lexington, together with other original and selected articles of much interest. It is not determined whether the sheet will be weekly, monthly, or quarterly; we shall welcome it, however, come when it may.

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**MEDICAL DEPARTMENT OF KEMPER COLLEGE.**—In our notice, last month, of the Medical Schools of the West and South, Kemper College, at St. Louis, Mo., was accidentally omitted.



# THE WESTERN LANCET.

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## ORIGINAL COMMUNICATIONS.

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ART. I.—*Thoughts on Epidemics.*—By THOS. D. MITCHELL, M. D., Professor of Materia Medica and Therapeutics, in Transylvania University.

IN conformity with what I suppose to be the design of a monthly journal, the remarks about to be submitted will be very brief. And the first thing to be said refers to the original import of the term. The word *epidemic* is derived from the Greek language, and denotes, *upon the people*. Hence its full, practical signification ought to convey the idea of a disease of universal or very general prevalence in a given community. In this light it stands opposed to, or forcibly contrasted with, the term *sporadic*, which, being also borrowed from the Greek, is significant of *wandering stars*, and, applied to medicine, seems to designate the occasional attacks of a malady which, in its essential nature, may not differ much, perhaps not at all, from the epidemic disease itself. Thus we find dysentery, now and then, running through a whole population, and we affirm that it is an *epidemic*. In the next season, there may not be over two or three cases of dysentery in the same region of country, and these are called *sporadic* cases.

There is another term which may be noticed here, because it has some relation to our present purpose. *Endemic* is said to define a disease, dependent on some peculiarity in a given

spot or place. Thus, yellow fever is called the endemic of the West Indies, ague the endemic of marshy countries, &c. &c. A moment's reflection will suffice to show, that an *endemic* disease may be either *epidemic* or *sporadic*. The yellow fever prevails in Havana, in one season almost universally; in the next season there will occur but a few cases of the disease.

The surprising rapidity with which epidemics spread, the suddenness of their onset, and the hasty manner in which they sometimes disappear, are points in their history all the world over, that have invested them with tenfold interest, and have enlisted the energies of the ablest minds, in attempting to define their causes. In former ages, unmarked by high refinement, all these matters were referred to the anger of peculiar divinities, and sacrifices were instituted and reiterated to appease them. The mysticism of witchcraft has sometimes been invoked to give the more certain solution of the problem; and instances were not rare, in which innocent victims were basely sacrificed on the altar of this demoniac philosophy. In more recent times, the spirit of enchantment has settled on the minds of some, in the shape of *Mesmerism*, as the true diviner of the mystery.

Webster, Macculloch, Foster and others, labored hard to show the intimate connexion between epidemics and the eruptions of volcanoes, the devastations of earthquakes, the appearance of comets and meteors, the excess of electrical matter, the effluvia of marshes, the exhalations from animal and vegetable matters in a state of decomposition, the extrication from the bowels of the earth of various mineral poisons, commingled with the air in such a state as to be intangible by any means we possess. And how much have we learned, so as to be the wiser for all their efforts? Fearless of being charged with a design or desire to stultify the human mind, or derogate from its vaunted powers; I ask the philosopher of the present day to tell me, how much better we are informed on the subject of epidemics, as to their essential origin, than was the venerable sage of Cos? We have gloried in the onward march of mind, the rapid strides of science, and yet we know as little on the special point now before us, as did the philoso-

phers who flourished in long forgotten centuries, and whose names we are unable to repeat.

The man who believes in divine revelation, and who reads the records in the Old Testament of pestilential diseases that made such fearful inroads upon society in its early history, will be at no loss to refer the whole matter to the great Ruler of the universe; and, however unsatisfactory to scientific minds, we are much inclined to think, that a wiser reference cannot be made, by the individual who will take a survey of the epidemics of modern history.

One of two things is certain, in regard to the sources of epidemics, that are conceded to depend on atmospherical causes. Either our boasted facilities for investigation are wholly futile and inefficient, or the secret must remain a secret, until a new race of men shall arise, imbued with a new philosophy, that shall give them powers for research to which all their predecessors were strangers. How often has the science of chemistry been invoked, and how certainly has it been foiled. During the prevalence of yellow fever in Philadelphia, New York, Havana, and elsewhere, and also of the plague in Egypt, it was fondly hoped that eudiometrical experiments would evince so marked a deterioration of the air, as to solve the difficulty at once. But what says faithful history? The experiments were made in the most filthy and offensive parts of the cities, and in the pest houses, filled with sick and dying men, and yet not a single ray of light was emitted to abate the dense darkness of the mystery. When we call to mind the talent put in requisition, the pilgrimages to distant lands, the hazard of death, and the actual martyrdom of not a few who were zealously bent on searching out the secret, we feel the more impelled to believe, that it is one of those doubly encased arcana, into which human philosophy cannot enter, and which are hidden from the ken of mortals, by that significant decree, pregnant with unutterable import, *Secret things belong to God*.

The more carefully we examine the epidemic diseases which are confessedly dependent, somehow or other, on atmospherical contamination, it would seem that we must be driven to the conclusion just named, or willingly take shelter there. Here



is a source of mischief, against which all the wisdom of the world has been unable to present a successful mode of resistance. Is an immense hospital edifice infested; or is the plague, or yellow fever, or even the cholera, pent up within the limits of a city? we find a happy refuge in flight to the salubrious hill or the healthful valley; and, though the victims fall by thousands, we are safe. Were the Ohio river contaminated with poisonous insects, innumerable and invisible to the naked eye, we could avoid the deathful stream, and slake our thirst from the deep well, or flowing rill, bursting from the mountain's side. But when the vital air loses its vitality, when the very pabulum of life is surcharged with the means and cause of sickness and death, who can escape? Drinking is an act that may be refrained from or indulged in at will, to a certain extent; but who can bar the entrance of his lungs, so as to exclude an atmosphere which, instead of being the breath of life, is destined to be the breath of the grave?

In thus converting our involuntary motions into occasions for the production and spread of pestilential diseases, a wise Providence seems to have as effectually precluded the possibility of satisfactory research into their origin, as he has prevented our escape from its all-pervading influence.

Long anterior to our painful acquaintance with the Asiatic cholera, as an epidemic, it had been affirmed, that epidemics appeared, desolated, and vanished, in such a manner as to laugh even to scorn and utter silence, all the attempts of human sagacity to develop their true sources. Still, in the overflowings of our vanity and self-esteem, we fancied ourselves to be infinitely wiser than our fathers were. And although sometimes horror-stricken at every rumôr of the march and countermarch, the onward flight and retrograde movement of the cholera, not a few of our wise men entertained the notion, that they, forsooth, could stop the besom of destruction, and trace it to its long concealed origin. Forth to the charge, went pen and ink, with wondrous zeal, and untold volumes issued from the press, to tell the world whence came the dreadful scourge, and how its ravages might be controlled. All sorts of theories were put in requisition, and all failed alike. Disdaining every

restraint that all other epidemics seemed to acknowledge, it flourished amid the biting frosts of Russia and the scorching blasts of India ; bowing to no season, and awed by no circumstances that the ingenuity of the world could combine ; over-leaping mountains in succession, and now and then, passing by a filthy city, it laid its death grasp on the unsuspecting inhabitants of an obscure village, proverbial for cleanliness and healthfulness. It burst out as the tremendous thunder storm from an almost cloudless sky, and it took its leave when consternation was at the highest pitch, with the suddenness of a meteor's flash.

In offering the foregoing remarks, let none suppose that I wish to arrest investigation, or to limit the aspirations of the human mind. While I have been driven to the conclusions noticed above, from what is conceded to be the utter failure of mental effort thus far, I would be the last to abandon, in hopeless despair, the solution of this or any other problem, the unfolding and development of which is not positively forbidden by the God of nature. Nevertheless, I am well satisfied, that the only rational method of investigation at our command is that which Sydenham and Rush so industriously and faithfully pursued. I say *faithfully*, more especially in reference to the latter, because the history is more in approximation with my own times. And however, one here and another there, wholly incompetent to estimate his labors, may sneer at and deride and falsify, the verdict pronounced by those who ranked among his most honorable and talented cotemporaries, has long ago declared the histories of epidemic yellow fever, as drawn by Rush, to be most faithful and just. Let others imitate the examples thus set before them. Let all appreciable facts be collected, and the facts of one year be compared with those of another ; and we may at length acquire an accuracy of knowledge on this great subject to which we have hitherto been strangers. If success be not thus attainable, I know not where we may look for it.

It seems to be a fixed law of epidemics, that, after they have continued for a considerable length of time, in a given place, the body becomes very much habituated to the influence of the

morbific agent. Hence we often observe, that attacks, late in the epidemic progress, are often mild, and, of course, more easily managed. On the same principle, there are to be found, in every epidemic, some persons who escape its morbid influence so far as to maintain accustomed vigor. Careful in the first instance to avoid all exciting causes, they have preserved the healthy balance of the system, till at length the epidemic cause seemed to exert no power on their systems.

These observations are not visionary, but rest on a law of our nature that has been frequently noticed, viz., that all painful sensations either become pleasurable by the force of habit, or lose much of their disagreeable character. This results from the tendency of matter to assimilation, and from the sympathy of mind with that assimilation; the whole being under the predominant power of habit. As a very common illustration, notice the use of tobacco, or brandy, or opium, every one of which excited disgust in the first use.

Under the epidemic influence, as thus received, we observe that those attacked are often so little indisposed that a very mild treatment gives prompt relief; and hence a foundation is supposed to be laid for a confident boasting of the infallible success of a given prescription, as a mild cathartic, a gentle emetic, or, perchance, mere abstinence. Well, all this is true for a time, it may be; but let the disease pass away entirely, for a season, and then return, and you will discover that the vaunted method of treatment, that had proved so successful before, is now almost as uniformly incapable of affording relief.

This feature in epidemics has often been noticed by the accurate observer, in relation to measles and scarlet fever. We know that some persons escape these diseases for years, although fully exposed to their morbid cause. We know, also, that both are sometimes so exceedingly mild as scarcely to require medical aid; and yet, in three months afterward, in the same families, the same diseases will resist the most potent remedies. The characteristic features of these diseases are still the same, the epidemic cause is the same, the nature of our remedies the same as before. Why then the diversity in the issue, in the space of a few months? Sydenham has ascribed



it, and perhaps justly, to the change of season, to some undetected atmospherical influence, &c. All this seems to be well founded, yet it is needful for practitioners to be more accurate and special than ever, to note down every fact that strikes their senses, in order to reach truth in all the important features of epidemic disease.

Another very interesting property or attribute of epidemics, is their influence over other diseases, so as to suspend or change their character very materially. Hence the use of the phraseology, which, although sneered at by some, is strictly correct, viz., that epidemics sometimes compel other forms of morbid action to wear their livery. Abundant evidence of this position may be found in the works of Sydenham, and, although Dr. Rush was ridiculed for professing to see yellow fever in a fractured leg, he was sustained by the highest authority for the principle; and posterity has done and will continue to do him justice, by conceding the correctness of his philosophy in the premises.

It matters not what the prevailing disease may be, if it depend on and be propagated by atmospherical impurity. There will be a tendency, more or less obvious, in all other diseases, to partake of the character of the reigning malady. This truth is of great importance to the medical practitioner; and, if he be an observing man, his attention must have been directed to it in various forms. He has seen an ordinary neuralgia, that, during the winter season, made its attacks without any sort of regard to regularity or periodicity, so completely moulded by the cause that spreads intermittents among a community, as to take on the tertian or quartan form with as much uniformity as the prevailing disease is wont to exhibit.

The vast importance of this feature of epidemics is eminently conspicuous, in so fatal a disease as yellow fever. And it was a knowledge of this fact that led Rush and his followers to treat every slight indisposition, during the epidemic yellow fever of 1793 and the following years, under the impression that it was but the forerunner of that fatal malady. Hence their success, even with comparatively feeble means.

The same fevers, in the epidemic form, exhibit much diver-

sity in successive seasons. This has been already hinted at, in some remarks on measles and scarlet fever. It is equally true of the autumnal fevers of our country. From 1820 to 1826, these fevers were epidemic over a large portion of the union, and in no two seasons were they, in all respects, alike. The patients who were purged with facility by the ordinary doses of cathartic medicine in one year, could not be impressed with the same quantities in the next year. In some cases, the purgative dose had to be trebled or quadrupled in order to be effective, and the same difficulty attended the exhibition of emetics and diaphoretics.

In the fall of 1824, near to Philadelphia, it was held that venesection was not only uncalled for, but injurious in the treatment of autumnal bilious fever. I have no doubt that the view was correct, for so at least I found it to be. Yet there were some patients on whom active cathartics made no good impression, unless a bleeding had been premised; and there were patients, too, who got well in the preceding year without sanguineous depletion.

These varieties in the results, obtained from medical appliances, call for perpetual scrutiny, in order to give the physician a full view of all that is important in the therapeutic management of disease, and especially of epidemics.

Another very important feature of epidemics, is their proneness to seize upon *unbalanced constitutions*. This position has been most lucidly argued by Dr. Johnson, in his excellent work on the *Diseases of Tropical Climates*, and should ever be borne in mind. It has always been observed, that the calm, the even tempered, the deliberate, the methodical, the abstemious, were generally exempted from the scourges of yellow fever, cholera, &c., to a greater extent than any other class of men; and the reason lies in the fact, that the healthy equilibrium of the system was preserved. But, on the other hand, it is notorious that the glutton and the intemperate drinker of alcoholic liquors have always constituted a great proportion of the fatal cases, in the progress of a violent epidemic. In the one case, all exciting causes that tend to rouse the predisposition to disease are kept in abeyance; while, in

the other the victim is hourly exposed to those causes from the nature of his habits, and hence the development and fatality of an attack.

Surely it cannot be wise to say, as did some during the prevalence of cholera a few years since, "The drunkard should drink no more than will keep his system up to its ordinary tone." What is the "ordinary tone" but to be drunk? and how can this be ensured all the while unless the man takes his bottle to bed, and has some one to wake him up often enough to secure the constancy of the "ordinary tone?" But suppose he should sleep so soundly as to get half sober before he is aroused; the effect will be to break in upon his "ordinary tone; and, in fact, he is now as completely unbalanced as he can be, and in the most likely posture to realize an attack of the epidemic and die.

The only proper course, no matter what the epidemic be, is to break off at once from the use of alcoholic drink of every kind, and to substitute, immediately, some mild tonic, and to direct bland, nutritive diet, in order to keep up the energies of the system. The man may be attacked even in this course, but his prospects for the present and future, are much more desirable than in the other case.

Instead, therefore, of advising the intemperate to continue so, and the drunkard to drink on, during a violent epidemic, we should prefer to say to all, "Drink no intoxicating drink whatever." If your system demands gentle excitants, try assafoetida, camphor and cayenne; preserve the equilibrium of the system, or restore it, if lost, by the careful use of these articles, and by the moderate employment of wholesome, unirritating diet.

Many other points of interest ought to be noticed in the consideration of epidemics. We close with the statement of an important item, viz., that epidemics almost uniformly drop their mantle on the ordinary diseases of succeeding seasons, and the results thence following, are usually termed the *sequelæ of epidemics*. And this is what we might reasonably expect. It would seem, *a priori*, that an influence, be it what it may, sufficiently powerful to produce the tremendous effects



which in all places marked the footsteps of cholera, could hardly fail to insinuate itself so completely into the atmosphere and in the human system, as to stamp the diseases immediately following in its wake, with marked peculiarities. Such was the fact in regard to the plague, yellow fever, and other epidemics; and, although I am unprepared to shed any light on the subject, I regard it as one of great practical importance, and entirely too much neglected.

The main design of this paper is to call the special notice of practitioners to the subject. It is seldom brought to view in our medical journals, and its details are so various as to call for more patient observation than practitioners are willing, in general, to bestow on any point in the whole range of medical science. Yet it is the duty of all who are entrusted with the public health to look attentively to this matter; and, in doing so, they cannot desire more worthy models than the illustrious names referred to in the foregoing remarks.

He who would ascertain the real character of epidemics from year to year, must be an observer all the while. He must begin with the first day of January, and keep a faithful diary throughout the year. The state of the weather, the winds, the temperature, the diseases of every week and their peculiarities, the backwardness or forward state and luxuriance of vegetation; and, in short, every fact of interest in the physical or moral world that may be likely to have an influence on disease, should be faithfully noted down under its appropriate date. These, together with the success or failure of medical treatment, should be preserved and compared, from year to year, with a sincere desire to advance the best interest of science, as well as the good of society. He who most faithfully pursues such a course, will be most likely, and in the shortest time, to acquire just, and comprehensive, and profitable views of the nature, influence, and origin of epidemics.

ART. II.—*Two Cases of Eclampsia Parturientium*.—By  
TH. A. TELLKAMPF, M. D., of Cincinnati, O.

An acquaintance with the characteristics of the disease called *eclampsia parturientium*, or apoplectic convulsions, will often be found of the highest importance in its bearing upon medical jurisprudence. The aberration of mind, which takes place under the influence of this disease at childbirth, is of that peculiar nature, that an ordinary observer might not detect it, and only the eye of the physician can see, that the patient is acting in a total unconsciousness of the nature and effects of her acts. There can be little doubt, that many of those tragical cases of infanticide, of which we read and hear, take place under the operation of this influence, when no present witness was at hand to observe and decide upon the state of mind, in which the mother may have been at the time.

Many observations on the morbid affections of the nervous system of women, occurring before, during, and after childbirth, have been published, particularly since their importance for medical jurisprudence has been appreciated; but more are required, before the numerous and subtil questions, which this matter involves, can be solved with that certainty, desirable to exculpate the innocent and to punish the guilty.

I have thought that the following account of a couple of cases of this description, falling under my own observation, might, in this point of view, be interesting, and contribute something, perhaps, to former essays on the subject. The first occurred in the summer of 1840, and was, (as were all the cases I have observed at that time, except one,) a case of apoplectic convulsions. (The exception was a case of hysterical convulsions, which ceased, as usual, at the birth of the child.) The cases of apoplectic convulsions were most of them cases of first delivery, and the subjects hearty and robust in constitution, and not subject generally to nervous affections. The case I am speaking of was of that description.

Mrs. Kabes, aged 28 years, of a robust and plethoric constitution, had been generally healthy. Her menses had been, before and after marriage, very copious. It was her third de-

livery. For some weeks before her delivery she had been suffering under a state of nervous excitement, produced by general depletions of blood, anxiety and fright. She was delivered by a midwife of a healthy child, May 29th, at about 8 o'clock in the morning. Her delivery had been precipitated, as her two previous ones. Towards noon she was taken with convulsions, (five hours after the child was born,) and, at about 2 o'clock, P. M., I was called in.

I found the patient in the following condition:—The expression of her face was but little changed; her looks were now vague, now fixed. She answered my questions in regard to her sufferings, during the first few intervals, consistently, but rather abruptly. Apparently she could not fix her mind upon any thing for any length of time, and if she did not answer my questions immediately, she would not answer them at all. Just before a paroxysm commenced the peculiar vague and fixed expression of her looks became particularly marked, and then she took hold of every thing that presented itself.—The way in which the woman spoke and acted during this time, when not under spasmodic action, was such, that not one of her relations and friends present suspected her laboring under any derangement of mind. She complained, while restlessly moving from one place to another, of general sensitiveness, particularly of the abdomen, and of acute pains in all her limbs, but most of those in her back. The pressure of the bed-clothes was painful to her. The uterus was firmly contracted, uneven, and without discharge of blood. During the paroxysms the spasmodic action of the muscles was most violent; she ground her teeth together, and a bloody froth appeared at her mouth. The breathing was difficult, and sometimes irregular and sometimes interrupted. Other symptoms of the disease I pass over; and I may only add, that the patient, about half past 3 o'clock, was in a perfect state of unconsciousness, now murmuring, now crying out. The spasms were then at their height, one paroxysm passing into another with hardly any interval between them.

The plan of treatment pursued was—1. To diminish the plethora of internal organs generally by bleeding, (I had taken



one pound and a half of blood from a large incision of the vena mediana before the pulse became softer and undulating, and before the respiration got easier.) 2. To prevent the effects of congestions towards the brain by local depletions of blood and by the application of icewater over the head. 3. To act upon the nerves of the uterus more directly by injections, (in part of vinegar,) and indirectly by antagonism, operating upon the nerves of the stomach by rad. ipecac., in small doses, till the patient felt sick at the stomach; and by tart. emetic in solution to produce vomiting.

When the patient had taken a few table-spoonfuls of the solution of tart. emetic she vomited freely, and soon afterwards returned to her senses. She knew her husband again, recognized me, asked some questions, complained again of severe pains, and then the convulsions reappeared, but in a more mitigated form. The convulsions did not subside entirely before the following morning; the uterus had then regained more of its common softness. Warm injections were repeated to lessen still farther the spasmodic action of the uterus, as well as to restore the lochia. These reappeared copiously towards noon. Though the uterus was at this time usually soft, still a slight pressure upon it produced contractions of it with pains in the back; also the next day contractions of the uterus could easily be produced by pressure on it. Not before the convulsions had so far subsided, were antispasmodics given, as—asafoet., rad. valer., rad. ipecac., etc., by which the irritability and the painful sensations, about which the patient still complained, were removed.

Soon after the woman had recovered her senses, she stated, in answer to my questions relative to her state of mind, that she had no recollection of what had happened in the morning, except having seen a child in a white dress, (her husband had shown to her their child after the baptism at the church,) and that she had become conscious again of her condition, since she had vomited in the afternoon. And when I asked her, whether she could recollect any circumstances connected with her delivery, she looked astonished, and it was not till after some time, that she could be convinced of her having

been delivered at all. The relations of the patient present at the delivery and afterwards could hardly be persuaded that the woman had been unconscious in the morning, before the convulsions had come on. They had regarded her sound in mind, because she had spoken and acted, as they thought, in every respect rationally. The woman had been conscious even of trifling circumstances, which she referred to, till to a certain time before her delivery, when her memory was lost at once.

All statements in this case were, on the part of the woman and of her relations, candid and reliable.

Another case of eclampsia parturientium, which occurred the 5th of last May, I relate in connection with the former, because it will throw additional light upon the transitory derangement of the mind of women laboring under this disease. The general remarks made, in regard to the former case, bear also upon this. The treatment was in both cases about the same.

Mrs. Hobel, 23 years of age, was lying-in for the first time. In the night previous to her delivery she had slight pains, particularly in her back, and some convulsive action of the muscles had been noticed by her attendants. Towards morning, the woman, alarmed by the early discharge of the liquor amnii, induced her husband to send for a midwife. In the evening, about half past 9 o'clock, I was called in. The midwife present stated to me, that she had found the os tinæ in the morning as large as a sixpence, that the pains had succeeded each other during the day rather slowly, while all the time the woman had complained principally about pains in her back, and that at 9 o'clock she had been taken with convulsions, during the first paroxysm of which froth had appeared at the mouth. The woman was, when I saw her, not unusually restless; her face was red and puffed up, her looks were vague, and fixed upon no particular object, the tongue was red, not coated, head, breast and abdomen were warm, the extremities rather cool, the uterus was sensitive, less so the abdomen. The uterus was always contracted, but most so at its fundus, (which was uneven,) though its contractions varied in strength. If the uterus was most contracted the pulse was full, if more relaxed the pulse was small and hard.

The child's head stood, when I examined the patient, in the middle aperture of the (well formed) pelvis, in the second position. The patient answered my questions correctly, so much so, that a common observer would not have suspected her deranged in mind. I remarked at the time, though I had not known the woman before, that the sound of her voice and her peculiar way of speaking was not natural to her. She addressed many questions to me as to her physician, but all her questions related to herself, and were called forth by her own wants or by something acting upon her senses; she referred to the child only as to the cause of her sufferings. She caught sometimes a word or a sentence, which caused her to speak or to put a question. When, for instance, her husband asked me about the life of the child, she made a similar question, repeating sometimes words and sentences: she asked whether the position of the child was favorable, whether she could be delivered of the child or not; when I assured her that the child would soon be delivered, she expressed the fear, which she had entertained during her delivery, that her delivery would be a most difficult one, and that it would prove fatal to her; she referred often to her mother, who had been delivered of six children and only three of them had been born alive. It was evident that the patient repeated what she best recollected, and what had most occupied her mind before. An allusion, or a word, or sound would sometimes call up what she had thought over and over again. But she had lost all power of reflection and combination; the simplest questions she could not answer, if she could not do so without reflecting; she could not tell how many years she had been in this country, how long time she had been married, &c.

I had been about fifteen minutes with the patient, when the convulsions were repeated. When I tied the bandages around her arm to bleed her, she asked whether I was going to bind her; and, after bleeding, she said she felt better. I applied, without delay, the forceps, and operated with full regard to the child, because I had reason to regard it as still living, and to entertain hopes that it could be born alive. The prognosis favorable in respect to the life of the child I based principally



upon the circumstance that the uterus was, as already mentioned, most contracted in its fundus. The convulsions did not recur from the time I had applied the forceps till the child was born. But directly after the birth of the child the convulsions were repeated, and forced a considerable quantity of blood at once out of the uterus, but afterwards no blood was discharged. The child began to move as soon as the mucus was removed from its mouth; the pulsation of the funis was strong; I cut it immediately, and about a large table-spoonful of blood was allowed to flow from it. The child recovered, after some time, fully. About ten minutes after the removal of the placenta the convulsions came on again. During the next interval, I told her husband to show the child to his wife; he did so, but all means to make her conscious of its presence were in vain. She lifted her head, strained her eyes, directed her looks here and there, but no object made any impression upon her mind. Her looks fell sometimes perchance upon her child, but she did not recognize it. Her face retained, without any alteration, the same fixed, vague, and anxious expression.

The injections produced considerable pains, and an increase, but soon afterward a remarkable and sudden decrease, of the convulsive state of the uterus, and simultaneously a very favorable change of the mental state of the patient. She spoke from this time more distinctly and rationally than before. I now had the child presented to her again; she looked at it for awhile, but though it moved she said, with a calm and indifferent tone of her voice: "The child is dead." Judging by her answers to my questions, and by her statements, after she had recovered her senses, her mind was most deranged from the time of her delivery, till shortly after the injections had been applied. The patient recovered more and more, while under the effect of the emetics. She stated herself, when I asked her how she felt, that she perceived every object more clearly, and that she became more and more conscious the more she vomited. Towards 3 o'clock in the morning the emetic had no farther beneficial effect; antispasmodics were then substituted. The last paroxysm occurred at 9 o'clock—12 hours after the commencement of them. Just before I left the pa-

tient—about an hour and a half after the last paroxysm—I conversed with her for some time, and when I was going she offered me her hand, thanked me for my assistance, and remarked, that she hoped to recover.

May 6th, at about 10 o'clock, A. M., I saw her again. The uterus was less contracted than before, but it contracted itself still, from time to time, and became hard and uneven when slightly pressed upon. Contractions of the uterus could be produced by pressure upon it still on the third day after delivery, as in the former case.

I put to her now the same questions as during the preceding night; she answered these very nearly as before, and answered also those without difficulty, which she could not answer before. She did not recollect of having been delivered, though she had felt of her abdomen after the child was born, as if to convince herself of it; nor that she had been bled; that her husband had sent for a physician, requested by her to do so; nor that she had seen me, or spoken to me at any time. Of the period of time elapsed from her delivery till after the application of the injections she had no recollection whatever; before and after that time her memory had been, as could be observed, less impaired. She recollected what those present had remarked about her appearance after the first paroxysm; that she had spoken of her mother, and some other circumstances which she mentioned. What had happened before the first and after the last paroxysm she knew very well. She recovered soon.

If women are taken with such convulsions, when alone at the time of their delivery, the children must necessarily die by neglect or by violence. A person subject to this disease, causing, in one way or another, the death of her child, cannot, from the state of her mind, be regarded responsible for her acts. The local irritation which causes that convulsive state of the uterus—commonly called tetanus uteri—is accompanied in all cases with derangement of mind, but does not necessarily cause general convulsions. If general convulsions succeed tetanus uteri [if a case of this kind should be brought before a court] it will be acknowledged that derangement of mind is to be presumed at the time. But if this is not the case, and the

circumstances make it probable, but not certain, that the death of the child was caused, while the woman was deranged in mind, nothing but an examination of the state of the uterus, at the time the person is supposed to be deranged, or shortly afterwards, will enable the physician to give with certainty his medical opinion. The examination of the uterus is therefore, in regard to such cases, of the highest importance, for if the attending physician has ascertained, that tetanus uteri has existed, derangement of mind is to be presumed. If the circumstances are contradictory, those which sustain the opinion that the woman had been at the time unconscious of her condition, and her relation to the world around her, should be recognized as valid, while the contrary should be considered as irrelevant. The above cases furnish evidences, that women suffering from this peculiar derangement of mind may speak and act apparently rationally, and may have some little recollection of what they have spoken, seen or done, while thus deranged.

The observations contained in the above cases may suffice to call attention, in some points of view, to the investigation of this subject. The innocent should not suffer for the guilty, and what, in the light of science, is mere misfortune, should not, when it can be avoided, be held up as a crime.

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#### ART. III.—*Treatment of Erysipelas.*

M. Velpeau recommends the use of proto-sulphate of iron (copperas) as a local application in erysipelas. Thirty grains dissolved in a pint of water will form a lotion of proper strength; or an ointment may be used, made of one part of powder to four of lard.

A material error in the treatment of erysipelas, and which the suggestion of M. Velpeau is likely to perpetuate, consists in relying too much on *local* remedies. *General* means will prove most successful. And emetics are to be preferred to every thing else. These will be found to abate the swelling and pain almost instantly. After the operation of emetics and purgatives, local means may be resorted to; and of these the very best is tinct. of iodine.



## BIBLIOGRAPHICAL NOTICES.

ART. IV.—*The Principles and Practice of Modern Surgery.*  
—By ROBERT DRUITT. From the Second London Edition. Illustrated with fifty wood engravings. With notes and comments by JOSHUA B. FLINT, M. D.—M. M. S. S., Lecturer on Therapeutic and Operative Surgery in the “Louisville Academy of Medicine, and late Professor of Surgery in the Medical Institute of Louisville.” *Philadelphia, Lea and Blanchard, 1842, pp. 534.*

We have received from the enterprising publishers a copy of this work, and proceed to lay before our readers a brief summary of its prominent characteristics. Two points are to be considered in every new work that is offered to the public—first, what is the leading object of the author; and second, how far he has been successful in accomplishing that object. The first enquiry is to be answered by the writer, the second emanates from the reader.

In the present instance, Mr. Drutt very briefly informs us, “That it is meant to afford a short but complete account of modern surgery; to contain every thing that is essential to a right understanding of its principles; and to embody the experience of the highest authorities as to the best rules for practice.”

The object thus expressed by the author is a good one, and, if properly carried out, will be regarded as a *desideratum* in surgery, to the teacher, student, and general practitioner. An elaborate treatise, extending into all the minutiae of the subject, if adopted as a text book, is liable unconsciously to lead the lecturer into a prolixity incompatible with a proper illustration of his subject. And to the student, such a work will prove more irksome than instructive, for, by fatiguing the memory with too much matter, a confused and imperfect recollection remains, instead of that clear and vivid impression of facts and principles, which should follow the careful study of every work connected with medicine. Nor are the wants of the general practitioner better supplied by books of this class. Works for

reference, in a practical point of view, should be brief and pointed, yet sufficiently extensive to afford a clear and definite view of the subject.

It must not be understood, that we condemn as useless the more elaborate works; on the contrary, in an extended course of study, such as every well instructed physician and surgeon must undergo, they are indispensable, and should receive the protracted attention of the student, until he becomes entirely familiar with the principles of the science. This, however, cannot be accomplished, as a general rule, in the limited space of time allotted to elementary study by private instructors and medical schools. Hence the necessity for condensed books.

How far, then, does the work before us meet the necessities adverted to? It is divided into five parts, the first two of which are devoted to the *principles* of surgery, and the remaining three to its *practice*.

Surgery has too often been regarded, even by skilful operators, as a mere mechanical art; or, in other words, the laws governing the animal economy, in health and disease, have been too much disregarded, the skill of the surgeon supposed to consist entirely in his ability to operate "with neatness and despatch," without adopting suitable medication. A greater error than this could not be committed. Those who will take the trouble to observe, will find that the most successful surgeons are such as give strict attention to the general health, enforcing proper *dietic and medicinal* regulation before every operation; thereby freeing the system as much as possible from general disease, or constitutional irritation from local affections, and, consequently, securing the best prospects for ultimate success. Abernethy may be mentioned as an illustrious example of this course.

Mr. Druitt has, to some extent, avoided this too exclusively mechanical view of the subject. In the first part of the work, embracing 128 pages, the disturbances of the constitution resulting from local diseases and injuries, and *local diseases* produced by some deviation from *general health* of the constitution, together with various points in the *principles* of surgery, will convey to the student more of the philosophy of this

branch than is usually taught in the same space. True, this aspect of the subject is not enforced with that energy which its importance demands, nor with that clearness which we hope in future to witness; yet we are satisfied that the author has done more for *medicinal* surgery than many of his predecessors.

As a work for students, Mr. Druitt's book possesses another commendable feature. He descends to minute points, and yet in such a clear and distinct way as always to make himself understood. Authors are apt to presume too much upon the student's previous knowledge, and therefore omit many small matters of the utmost importance to the inexperienced.

To present a summary of Mr. Druitt's work, we would say, that his descriptions are remarkably brief, plain, and pointed; avoiding unnecessary prolixity, yet omitting nothing that is necessary to convey an accurate and thorough knowledge of the subject. It embraces most of the operations known in surgery, and, we believe, all that the experience of the ablest operators have sanctioned as judicious. The practical part of the work is illustrated with fifty engravings, which are of great value, especially to the student.

The notes by Dr. Flint constitute a valuable addition to the book, though not as numerous as the reputation and well known abilities of the editor would have led us to anticipate. This, however, we are informed resulted from an apprehension of rendering the work too voluminous for its peculiar uses. We are gratified to see that, in a note on *lithotomy*, the editor does ample justice to Professor Dudley, of Lexington, a native of the West, and one of the most distinguished lithotomists living. This is right. Our own countrymen should not pass unnoticed, while foreigners are loaded with unmeasured praise.

We can most cheerfully commend "The Principles and Practice of Modern Surgery," to the teacher, practitioner, and student, as a work peculiarly calculated to meet their several conditions.

The mechanical execution of the work is in the usual good style of the publishers, Messrs. Lea and Blanchard. It can be obtained in this city of Mr. L. Samyn, Front street, between Sycamore and Broadway.



## MISCELLANEOUS SELECTIONS AND INTELLIGENCE.

1 *Case of Amputation of the Leg, with some Observations on a New Mode of Amputating.*—By THOMAS GREEN, Surgeon to St. Peter's Hospital, etc.—James Allpass, aged 34, a butcher, was admitted into St. Peter's Hospital, on February 22, 1842, under the care of Mr. Green.

About four years ago the patient met with an accident, which caused a severe compound fracture of the right leg. After some time the bone united, not in a straight line, but obliquely, and there is now a considerable projection of bone at the seat of the fracture, around which the skin has been extensively ulcerated for some time. He has been repeatedly in the Hospital: on each occasion the state of the ulceration was improved; but immediately, on attempting to walk, it again degenerated into a state of foul extensive ulceration. On admission, the ulcer was in a sloughing condition, with copious sanious discharge; the surrounding skin was of a fiery red color, and the whole extremely painful; the limb is shortened, and he cannot bring the heel to the ground; tongue coated; pulse quick; complains of cough and loss of rest.

Finding that the leg was entirely useless, and that he had suffered in general health from the last extension of ulceration, he consented to the removal of the limb; but the operation was deferred until he was in a fit state to undergo it.

*March 6th.*—The cough has now ceased; tongue clean; pulse natural; he sleeps well; the ulceration is in an improved condition, and the skin healthy below the knee.

Mr. Green decided on performing the flap amputation, but in a different manner from that in which it is usually done. A transverse incision having been made across the front of the leg, through the skin, another was made through the integument at the back of the limb, including a large portion of the calf, and leaving skin enough to cover the flap of muscle, which was next formed by passing the catlin through the leg a short distance behind the bones, and cutting out in the usual way; the remaining muscles were divided by a transverse incision passing between the bones, which were next sawn through, and the arteries tied. Hæmorrhage still continued from a large vein, which it became necessary to secure by ligature. Three sutures and pieces of strappings were applied to keep the posterior flap in apposition. Cold cloths to be constantly applied to the stump, and to take immediately half a grain of acetate of morphia in a draught.

9th.—The patient has had no unfavorable symptoms whatever until this morning, when hæmorrhage came on from the stump, from which he lost a considerable quantity of blood; the tourniquet was immediately placed round the thigh, and secured, by which the bleeding was arrested. He states that the limb has started occasionally during the night. His system shows the effects of the loss of blood; his face and lips are pallid; feels faint and cold; pulse quick and small; tongue pale and tremulous. Cold water dressings to be constantly applied to the stump; to take at once half a grain of acetate of morphia; the tourniquet to be kept loosely over the femoral artery, and tightened immediately on the appearance of fresh hæmorrhage.

12th.—There has been no further bleeding until this morning, when the stump bled again to some extent in a few minutes; the tourniquet was immediately tightened, and the hæmorrhage was stopped. Mr. Green having been sent for, directed the same means to be used; the man to be kept perfectly quiet, and closely watched. He stated that, on the return of any fresh hæmorrhage, he would apply a ligature round the femoral artery, considering it useless, in the present stage of the wound, to attempt to secure the bleeding vessel by opening the stump.

17th.—There has been no loss of blood since last report; a considerable portion of the wound, on the fibular side, has united.

*April 6th.*—The wound has entirely healed, except where one ligature hangs out; the others have come away. His general appearance is much improved.

20th.—The ligature only came away to-day, repeated gentle attempts having failed to bring it away previously; stump healed, and in good condition.

On the method of operating resorted to in this case, Mr. Green made the following remarks at the next surgical lecture at the medical school:—

The mode of operating employed in this case I first tried a few months ago at St. Peter's Hospital, on a man named Morris, and found that by it all the inconveniences alluded to were avoided, for the man left the house with an exceedingly good stump, and now makes good use of his vocation as a sweeper of one of the crossings at Clifton. I shall now describe the operation as I performed it yesterday, and if you examine the limb removed, which lies on the table, you will easily understand its stages. An incision was made anteriorly across the forepart of the leg, in the usual situation, about two inches

below the tuberosity of the tibia; it extended from the inner angle of that bone to a point behind the fibula; from the termination of this incision, on the inner side of the leg, the knife was carried downwards to some extent, next across the limb posteriorly in a curved line, and brought up at the outer side, so as to unite with the front incision behind the fibula. In this manner a portion of integument was divided, which might be correctly described as representing two-thirds of an oval figure. This incision should go through the skin and subjacent tissue, down to the fascia covering the muscles; the contraction of the integument itself, with a trifling assistance, by drawing the skin upwards, leaving a separation of about half an inch between the edges of the incision. A long catlin was now pushed through the leg about one-third of an inch behind the bones, and carried downwards, and next backwards, so as to make a flap of muscle, its edges corresponding with those of the retracted integument. The remaining muscles were next divided transversely; in this division are contained the large vessels and nerves, which are those cut transversely. The bones were separated, the sharp angle of the tibia was sawn off, and the arteries secured in the usual way. The flap, when brought up over the face of the stump, was entirely and abundantly covered by skin; three sutures were used, assisted by two broad pieces of strapping; a cloth wetted in cold water was applied over the stump, and the man removed. I prefer sutures in this operation, on account of the weight of the flap having a tendency to draw it down, and thus separate it from the anterior surface; these I always remove on the third day, and have not found any inconvenience from their use.—*Boston Med. & Surg. Jour.*, from the *Prov. Med. Jour.*

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2. *New Mode of Accelerating Labor.*—By SAMUEL STANLAND.—Being a midwifery pupil of Dr. Blundell, I of course carried his valuable instructions with me into practice, and one (not the least—viz., that “meddlesome midwifery is bad”) had much influence on my conduct when called to attend the parturient female. At first the unnecessary calls which were made for my attendance, and the frequently slow progress of labor in others, where the true expulsatory efforts had commenced, together with the circumstance of being urged, on various occasions, to assist labor if possible, made me reflect upon the nature of the physiological action of the uterus, and the expulsatory action of the abdominal muscles. Much thought on the subject, connected with the latter action and the



rectum, bladder, stomach, and lungs, when irritating substances need expulsion, led me to the consideration of the process of labor, which appeared to me to be an analogous action, and I at length found the principle of imitation of the natural stimulant power, which I have now for ten years carried into very successful operation, not only with a saving of much suffering to the patient, but an immense saving of time to myself.

When I first practised it, I was not so conversant with the physiology of the animal economy (except by book and school knowledge) as at present; yet, having studied Nature's designs in her various sympathies, the principle of excitation and reflex influences came to my assistance, and taught me that as the bladder, when distended with urine, and the rectum distended with fæces, call upon the abdominal muscles to expel their contents, so would an excitement, similar to that of the head of the child, or the unbroken membrane on the vagina, in their passage, promote, under proper circumstances, the natural efforts, and lead to a more speedy and equally safe labor.

The principle being given, what is the practice, and under what circumstances should the operation be performed?—for I desire never to forget Dr. Blundell's valuable maxim.

The practice consists simply in imitating the influence of the child's head or membranes on the natural passages, and thus producing a reflex and wholesome contraction of the abdominal muscles (I say nothing of the independent action of the uterus) by introducing the forefinger, or fore and second fingers, as far as the point of the os coccygis, and passing them along the whole surface downwards of the vagina, so as to give the sensation of distention (not pain) just enough to excite the required action, and give new and more vigorous impulse, even after hot fluids, stimulants, ergot, &c., have been tried in vain.

What are the circumstances, then, which warrant its application?

1. In cases of first labor, where the os uteri is fairly dilated, the head of the child has been in the passage from eighteen to twenty-four hours, the patient much fatigued, and the pains, without assistance, comparatively ineffectual, the womb acting.

2. In cases after the first child, where the passages are rather confined, or the head of the child unyielding, although in the passage, and the natural efforts unavailing, especially when warm fluids and stimulants have been tried without benefit.

3. Where there is much rigidity of the perineum, on which the head rests, but the natural efforts either greatly exhausted or the perineum unyielding; the practice here serves two purposes—viz., dilatation and stimulation.

4. Where the womb and abdominal muscles, after a severe labor, sink into a collapsed state, and are indisposed to do more work, and the placenta, though in the upper part of the passage, does not excite the abdominal muscles to action. With this principle at my command, I have never seen such a thing as the old retained placenta in any form, and much doubt whether, with it, I ever shall.

There are other minor circumstances which it will be necessary to apply, but the observant practitioner will readily find them out when conversant with the application of the principle, and the above will be sufficient to guide him in most cases. If, however, with these directions, there should be any doubt on his mind, I would say, rather wait the result of the old practice than urge assistance when unnecessary or "meddlesome."

I shall feel much pleasure in hearing from any gentleman, either personally or through your Journal, the results of their practice, and the more so if they will favor us with new aphorisms for its general application.

Dr. Marshall Hall will at once perceive in this principle a practical application or illustration of the excito-motory nervous sensation; but it was not in consequence of his suggestion that the principle was applied by me, but after a study of the great sympathetic nerve, for I had practised it nearly five years before I read his excellent work.—*Med. Exam.*, from the *Prov. Med. & Surg. Jour.*

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3. *Experimental Researches on the Function of the Skin of Man and Animals.* By DR. DUCROS.—In a very curious experimental paper, Dr. Ducros shows that a coating of gum-lac put on the skins of animals causes them to die in a longer or shorter time, by producing convulsive movements similar to epilepsy. When the animals, coated with gum-lac, were subjected to electricity, they died in a much shorter time. He next tried the effect of metallic coverings, as he entertained the notion that, because they had opposite electrical properties, the animals coated with them would die with symptoms of an opposite nature. He therefore cut off the hair from some animals and covered them with thin plates of tin, (tin foil,) and found that they perished with symptoms of debility, the reverse of what he had noticed when the coating consisted of a resinous substance. When the tin was covered with a coating of gum-lac, the animals perished much more rapidly. He then placed under the influence of electricity some of the animals covered with plates of tin, and found that, so long as they remained

connected with the electrical current, their vigor appeared to be restored, but that, whenever it was arrested, they appeared ready to perish.

The object of these experiments was to ascertain what would be the likely effect of such coverings in certain diseased states of the human frame, and especially in nervous or neuralgic affections and in rheumatism. He reasoned, that, if metallic coverings deprived animals of life by producing rapid sinking of the vital powers, the same metallic plates applied to the human body would cure or remove those diseases which seemed to depend on an excess of organic life. On putting his plan to the test of practice, he was so fortunate as to find that it removed some nervous, and a few acute and chronic rheumatic affections.

This plan of treatment was of no avail in any case where the disease was dependent on or connected with organic lesions, or attended with fever, or swelling of the part, or with general weakness: on the contrary, in all these cases the metallic plates augmented the disorder.—*Maryland Med. & Surg. Jour.* from the *Edinburgh Med. & Surg. Jour.* from *Arch. Gen. de Med.*

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4. *Treatment of Tape Worm.* By DR. WAWRUCH, Professor of the Practice of Medicine in the University of Vienna.—In 206 cases of tape worm, Dr. Wawruch found the following treatment the most efficacious:—

As a preparatory step, all the patients took a laxative decoction with sal ammoniac, for three, four, or five days, and ate nothing but weak soup thrice a day. In eight cases the worm was expelled by the mere effect of continued abstinence. The anthelmintic remedies employed, were castor oil, and the powdered root of the male fern. From one to two table spoonfuls of the oil were given as a dose, alternately with one or two drachms of the powder twice or thrice a day.

Enemata of oil and milk were frequently thrown up, to attract the worm towards the large intestine, and it was observed that the effect of the drastic was always most sure when given a certain time after the last dose of fern, than at once. The drastic purge employed, was composed of equal parts of calomel, gamboge, and sugar, two to eight grains of each for a dose. In many cases a single dose brought the worm away, but in others three to six doses were required. The period at which the worm was discharged was very various. In eight cases, as has been already remarked, it was expelled by the mere effect of hunger; in thirteen cases, by the anthelmintics



alone; in eleven by the first, in fourteen by the second, and in fifteen cases by the third drastic purge; and, generally speaking, it was expelled within one to twelve hours after the last drastic. In a few cases, two, three, four, (and in one twelve,) days elapsed after the last purge, before the worm was expelled. The *tænia* is not exclusively a *solitary* worm, for in nine cases there were two worms, of different ages and development; in two cases three worms. In one very remarkable case, four worms were discharged, and this patient still suffers from the complaint. Of the 206 cases, only twenty-six had a relapse; twenty of these came twice, five thrice, and one of them four times to the Hospital. Some came in two to four months; two in nine months; two in a year. Generally speaking, the patient may expect to be entirely freed from this disease, if he pass ten or twelve weeks without discharging any remnants of the worm.—*Maryland Med. & Surg. Jour.*, from the *Prov. Med. & Surg. Jour.*

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5. *Colica Pictonum treated with warm water.* By JOHN WILSON, M. D., Physician to the Middlesex Hospital.—We all know the difficulty which frequently arises in this complaint in procuring a free evacuation from the bowels. The following case, related by Dr. Wilson, was relieved in a very simple and efficacious way, and will no doubt be more generally adopted. The patient, Matthew Proctor, aged 45, was a plumber and painter; his bowels were most obstinately costive for several days.

On admission he was put into a warm bath, and when he had been in it for some time, an elastic injecting tube was given him, with directions to employ it in trying to inject the water of the bath gradually up the intestines, and to persevere, should he feel no pain nor unpleasant sensation, till he felt a sensation of fulness of the abdomen. In this he succeeded while he continued immersed in the bath; shortly after, and before he quitted the bath, he had an evacuation of lumpy fæces. After leaving it he was purged four or five times, and relieved from the pain. The next day he had an ounce of castor oil, with gtt. xx. tinct. opii. and a sinapism to the abdomen. The third day the bath and enema while in the bath were repeated; after which, while he remained in the Hospital, his bowels never required more than the *mistura alba* (sulph. mag. 3ss. carb. mag. gr. v. in mint water) two or three times a day. 21st day, free from pain; bowels regular; no complaint.—*Maryland. Med. & Surg. Jour.*, from *Medico-Chirurgical Transactions*.

6. *On the Immersion of Children apparently Stillborn in Cold Water.* By. D. SCHOLER, Assistant Physician of the Berlin Lying-in Institution.—Nothing more need be said of this paper (published in the *Med. Zeitung*) than that it contains two well detailed cases, and alludes to several others, in which this measure was successfully adopted, after all the ordinary means had failed of reanimating the infant. The evidence adduced is certainly sufficient to warrant the adoption of the plan as a last resource after less violent measures have been tried in vain.—*Maryland Med. & Surg. Jour.*, from the *Brit. Med. Rev.*

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7. *Walnut-leaf Tea, a good remedy in Scrofulous Complaints.* — Professor Negrier, of Angers, a respectable authority, has for some years past been trying the effects of an infusion of the leaves of the walnut tree in a variety of scrofulous maladies, and the results of his experience have led him to form a most favorable opinion of it as an anti-scrofulous remedy.

He reports a great number of cases of disease of the lymphatics, with or without ulceration of the integuments, of scrofulous ophthalmia, of affections of the bones and periosteum, &c., in which decided and very marked benefit was obtained from a course of this simply prepared tea. A handful of the fresh or slightly dried leaves may be added to a pint of boiling water, and of this infusion a small cupful may be taken twice a day. An extract may also be prepared by evaporation, and this Dr. Negrier recommends to be given at the same time, either in the form of pills or of a thick syrup. A strong decoction of the leaves he has used with excellent effects as an application to scrofulous ulcers.—*Maryland Med. & Surg. Jour.*, from the *Archives Generales*.

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8. *Extemporaneous Production of Milk.* By M. DICHOST.—M. Dichost, a Russian chemist, proposed the following plan for the preservation and extemporaneous preparation of milk. He evaporates newly-drawn milk, at a very gentle heat, till it is all brought to state of fine powder. It is then put into small glass bottles, which are completely filled and hermetically sealed, with ground glass stoppers. A small quantity of the powder thus obtained, dissolved in an appropriate quantity of water, affords on the instant a milk of very good quality. The powder will remain good for a great length of time.—*Med. Exam.*, from the *Bulletin General de Therapeutique*.

9. *On Fractures of the Lower Extremity of the Radius.*

By M. VELPEAU.—M. Velpeau entirely contradicts Dupuytren's account of the ill consequences of this injury when treated as a sprain or dislocation, and says, that while he has seen many cases which, thus treated, have recovered with scarcely any deformity and no loss of motion, he has known many more which, though treated carefully with approved apparatus, have presented all the bad results of stiffness of the joint and defective power of the muscles. He believes that all the apparatus hitherto described do more harm than good; and says, the only useful mode of treatment is that with the dextrine bandage. After reducing the fracture he puts a compress, wet with camphorated spirit, round the wrist, and applies a dry bandage very lightly from the roots of the fingers to the middle of the arm. Over this he places graduated compresses reaching to the beginning of the metacarpus, and then an anterior and posterior splint of moistened pasteboard, which are moulded exactly on the parts they have to cover, and descend to the roots of the fingers. A bandage wet with starch is then rolled in a double layer, from the fingers to a short distance above the elbow; and, till it has dried, all the parts are kept in their places by two long wooden splints. These last, however, are removed after six or eight hours, and the part left in its immoveable bandage supported in a sling, for from twenty to thirty days, by which time the union is generally perfected. There are but few cases, M. Velpeau adds, in which this method of treatment is not sufficient.—*Med. Exam.*, from the *Gazette des Hôpitaux*.

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10. *Nitrate of Potash in Acute Rheumatism.*—The nitrate of potassa was employed for the cure of Rheumatism, in England, towards the close of the last century, by Drs. Brocklesby and White, and its efficacy was strongly lauded by them. They gave it in very large doses, (from ten drachms to two ounces in the twenty-four hours.) Very recently this practice has been revived in the Parisian hospitals, and M. Arran relates in the *Journal des Connaissances Med. Chirurg.*, (April, 1841,) twelve cases, three of which were complicated by rheumatic endocarditis, or pericarditis, and in all a cure was effected by the nitrate of potash alone. Two of these cases suffered a relapse, but the same means sufficed to produce a cure. The mode of administration consisted in dissolving from two to five drachms of the nitrate of potash in about a pint and a half of some ptisan, sweetened to suit the taste of the individual, and this quantity was taken in the course of the day. The quan-



tity was daily increased. The average quantity of nitrate taken daily by each patient was a little more than eight drachms in about four and a half pints of fluid. The cures were effected within eight days, on an average of the twelve cases related. The administration of this remedy caused copious perspirations, sometimes also free alvine evacuations, less frequently increased flow of urine. The pulse diminished in frequency and hardness, and the impulse of the heart was lessened. The nitrate was given with safety in every period of the disease, but was found to be most successful when administered shortly after its invasion. The only contraindication to the use of the remedy was the existence of inflammatory affections of the stomach or intestines. If gastric symptoms should arise during the administration of the nitrate, it ought to be stopped, and depletive measures used till these subsided.—*Ed. Med. and Surg. Journal*, Jan., 1842.

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11. *Note on the Prognosis of Scarlatina*.—Scarlatina has been rather prevalent in this neighborhood during the last several weeks, and it has exhibited a feature of much importance in a greater number of cases than it has heretofore. Though we have seen little of the disease, most of the cases having occurred in the country, we have been informed by several physicians that it frequently commences with vomiting and purging, and when this is the case it terminates uniformly in death, and that very speedily. In several instances this event happened in from twelve to thirty-six hours from the commencement of the complaint. One case that fell under our observation terminated fatally in twenty-four hours.

In the spring of 1839, we saw several instances in which Scarlatina commenced with vomiting and liquid purging, and from that time we have looked upon such cases as almost necessarily fatal, at least, we have seen or heard not of any recovery under such circumstances. It must, therefore, be regarded as of very evil omen, and the physician should be on the alert whenever it occurs, in order, if possible, to counteract its fatal tendency, although we confess we are not prepared to make a single practical suggestion on the subject.—*Ed. Western and Southern Med. Rec.*

From various facts that have come under our notice, we are of opinion that this form of Scarlatina is complicated with cerebral congestion or inflammation. If these symptoms occur without decided marks of gastro-intestinal inflammation, the brain must be looked to as the principal organ implicated.—*Ed. Lancet*.

12. *Formulæ used in the Treatment of Tinea Capitis.*—The following are the formulæ commonly employed by M. Casenave in the treatment of this disease at the hospital of St. Louis.—

*Ioduret of Sulphur Ointment*—Ioduret of sulphur, 1 scruple; lard, 30 scruples.

*Depilatory Ointment*—Subcarbonate of soda, 8 scruples; lime, 4 scruples; lard, 30 scruples.

*Pitch Ointment*—Citrine ointment, 15 scruples; pitch ointment, 30 scruples. Or, powdered pepper, 2 to 4 scruples; lard, 30 scruples.

The ointment is applied every evening; in the morning the head is washed with the following lotion:—Subcarbonate of potash, 8 scruples; distilled water, 500 scruples.—*Am. Jour.*, from *Jour. de Med. Prac.*

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13. *Antidote for Salts of Copper.*—Liquid albumen is generally administered as an antidote in cases of poisoning with the salts of copper, but it has this disadvantage, that, as we are unacquainted with the exact quantity necessary to neutralize the copper, if we employ too great a quantity, the poison is dissolved in the excess of albumen. To remedy this inconvenience, M. Benoist proposes to substitute for albumen a solution of carbonate of soda which forms with the salts of copper an insoluble carbonate, having no deleterious action on the economy.—*Am. Jour.*, from *Jour. de Chemie.*

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14. *Aconite Plaster in Rheumatism.*—By Joseph Curtis, M. D.—Since my communication appeared in the *Lancet* upon the external tincture of aconite in cases of rheumatism, I have adopted a new mode of using it, namely, in the form of a plaster. The following is the way in which I make it:

Take of the tincture of aconite 3iv., evaporate to about 3ss., or until it becomes of the consistence of oil. This should be spread with a paint brush upon one yard of adhesive plaster half a yard wide, and dried. This plaster may be cut to any convenient size and shape, and applied to the part affected.

The effect of this plaster is so nearly the same as that of the tincture applied as before described, that it will not be worth while occupying your columns with cases. When first put on its effects are much milder than those of the tincture; in fact, it produces so comfortable a glow, that I seldom find a patient in any hurry to part with it. I believe all its beneficial effects are generally produced in less than twenty-four hours; if allowed to remain on three or four days it will sometimes bring out a rash.—*London Lan.*, April 2, 1842.

15. *Use of Caustic Issues in Phthisis Pulmonalis.* — M. BRICHETEAU has for some years past been in the habit of using, with very decided advantage, caustic issues, formed immediately below one or both clavicles, in cases of pulmonary consumption ; even when the disease is far advanced, and auscultation has indicated the existence of tuberculous caverns in the lungs.

That a powerful local derivative, like an issue, may have a decided influence in arresting at least the progress of morbid action, however serious, in an internal viscus, is well known to every medical man ; and that in many cases it has this effect on the softening and ulceration of tuberculated lungs cannot, in M. Bricheteau's opinion, be gainsayed by any unprejudiced observer of his practice at the Hospital Necker. Even where an absolute cure is not obtained, a great mitigation, and often a marked retardation, of the disease follows the establishment of caustic issues below the clavicles—provided always the rest of the treatment be at the same time judicious and appropriate.

We shall very briefly mention the histories of two cases recently treated in the hospital.

A young married woman was admitted in the following state on the 6th of June, 1837.

She was distressed with cough, puriform expectoration, copious sweats, and vomiting after the fits of coughing ; there was a sharp stitchy pain felt over the right side of the chest. On examining the chest with the stethoscope a distinct gurgling sound was audible beneath the right clavicle ; the respiration was cavernous behind ; and these two symptoms became more marked, when the patient coughed ; there was considerable dulness or percussion beneath the right clavicle. The patient was so weak that she could not walk about.

A large caustic issue was established immediately under the right clavicle, and demulcent medicines and diet were prescribed.

This treatment was persevered in for six or seven weeks ; and by that time most of the unfavorable symptoms had disappeared, and the woman began to recover her flesh and strength. Ultimately she did well.

CASE 2.—A middle-aged woman had, after repeated attacks of hemoptysis, become affected with all the usual symptoms of pulmonary consumption—cough, copious puriform expectoration, night sweats, and diarrhœa. She was considered by the physicians of La Charite hospital to be decidedly phthisical. Under the use of a large caustic issue beneath the right clavicle, and appropriate attention to the most troublesome existing symptoms, this woman regained her health so well, that in the course of two months she was able to leave the hospital, and soon after resumed her occupation of a washerwoman.



At a subsequent period this woman was admitted for a syphilitic affection. Her pulmonary symptoms had not returned. On auscultating the chest, the respiratory murmur was found to be very feeble under the right clavicle; and there was considerable dulness on percussion over that point. Posteriorly the sounds indicated the adhesion of the pulmonary pleura to the ribs.—*La Lancette Francaise.*

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16. *Suffocating Catarrh.*—Mr. Robinson recommends closure of the patient's nostrils with the thumb and fore-finger during expiration, and leaving them free during inspiration, when a paroxysm of suffocating cough is present, and he says that in a very short time the patient will be relieved. He adds that he has adopted this plan whenever he had occasion so to do, and always with success.—*Lon. Med. Gaz.*

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17. *Sulphate of Alum in the Treatment of Angina Pharyngea.* By M. CELESTIN PERRIN.—It is by no means unusual for catarrhal affections, especially in damp situations, to leave behind them a sort of habitual chronic catarrh of the fauces. In these cases the mucous membrane is much injected, of a deep red, sometimes thickened, and the mucous follicles are very apparent and much developed. An adhesive mucus covers the parts and provokes a frequent and troublesome cough to effect its expectoration. The employment of alum gargles, of various strength, in these affections has for some years been often resorted to. M. Petrequin, of the Hotel Dieu, has practised the insufflation of four parts of alum to one of sugar with great success; and M. Perrin has used the same means with similar results.

Encouraged by the good effects of the application in chronic cases, M. Perrin has had recourse to it in those which are acute. He mixes equal parts of alum and sugar, and blows them through a quill against the back of the pharynx. It is always necessary that the point of the quill should be even with the uvula, since, otherwise, the sudden descent of the velum palati may close the passage and scatter the powder on the back of the tongue, where it excites nausea and efforts at vomiting. Even in cases where the febrile symptoms run very high, the difficulty of swallowing is extreme, and the patients have, on former occasions, been depleted and subjected to very severe treatment, this application a few times repeated has seemed to effect a cure, and a great amelioration of the symp-

toms has followed its employment even once. Two cases are related in illustration, and the writer concludes by asking whether equally favorable results might be expected from this practice in cases occurring in dry and hot countries, or whether there is something peculiar in the anginas of damp and rainy climates, as Lyons, which renders them peculiarly amenable to this mode of treatment.—*Med. Exam.* from the *Bulletin General de Therapeutique*.

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18. *Injections of Nitrate of Silver*.—Dr. Daniel, of Cetto, describes the case of a Venitian, thirty-two years old, laboring under catarrh of the bladder, complicated with syphilis impotence, and more or less involuntary discharge of semen every morning. The syphilitic complaint was treated with baths containing the deuto-chloride of mercury, and for the affection of the bladder and caput galinaginis he was ordered an injection of 125 scruples of distilled water, in which had been dissolved 32 grains of nitrate of silver. This was injected into the bladder with the best effects. The strength of the solution was gradually increased, and the patient was cured in less than three months of his syphilis, vesical catarrh, and impotence. Dr. Daniel heard afterwards that he had recovered, and that his wife was pregnant.—*Med. Exam.*, from the *Jour. de Med. Pratique de Montpellier*.

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19. *Parasites in Aphthæ*.—Dr. Vogel, of Munich, has observed vegetable parasites on the mucous membrane of the mouth and œsophagus of an infant a fortnight old, which died of aphthæ extending from the mouth to the cardia. These aphthæ, examined under a glass magnifying two hundred and twenty times, presented the appearance of genuine *confervæ*, similar to those found by Schonlein in *impitigo*. Some of these parasites were of a round shape, some with, some without, a central nucleus; some isolated, others grouped together; others again consisted of scattered filaments, swollen at certain points, sometimes in the middle, at others at the extremities. All of them were colorless, and unaffected by water, ammonia, or acetic acid.—*Med. Exam.*, from the *Gazette de Medicale*.

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20. *Counter-irritants*.—The following formulæ have been communicated by Dr. Turnbull to the editors of the *Pharmaceutical Transactions*:—

*Tinctura Capsici Concentrati.*

R. Capsici Baccarum, ʒiv.

Spiritus Vini Rect., ʒxij.

Macera per dies septem et cola. (It may also be made with advantage by displacement.)

This concentrated tincture is used as an external application, and is found to be a powerful rubefacient and counter-irritant, for which purpose the ordinary tincture of capsicum is not sufficiently potent.

VERATRIA, dissolved in this tincture, acquires increased activity; the capsicum apparently facilitating its absorption into the skin. Four grains of veratria, dissolved in an ounce of the concentrated tincture of capsicum, will be found as powerful in its effect as twelve or fifteen grains dissolved in alcohol.

*Pulvis Aluminis et Capsici.*

R. Aluminis Sulphatis, partes tres.

Tinct. Capsici concentrati, partem unam.

Misce et sicca.

A very small quantity of this powder, applied to the tonsils, is found more efficacious, in some cases, than an alum and capsicum gargle.

*Unguentum Ipecacuanhæ.*

R. Pulveris Ipecacuanhæ, ʒij.

Olei Olivæ, ʒij.

Adipis, ʒss.

M. ft. unguentum.

*Unguentum Emetinæ.*

R. Emetinæ, g. xv.

Sp. Vini. Rect. q.s.

Adipis, ʒss.

M. ft. unguentum.

Dr. Turnbull states, that he has found this ointment particularly efficacious as a reubefacient in pulmonary and rheumatic affections, producing little or no pain or inconvenience to the patient. — *Med. Exam.*, from the *Medico-Chirurgical Review*, July, 1242.

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21. *Extraordinary Abstinence from Fluids.*—A paragraph is going the circuit of the papers, that Dr. W. A. Alcott, of Dedham, Mass., extensively known as the author of a series of papers called "Health Tracts," and the volumes entitled, "The



Young Mother," "Advice to Young Men," &c., has wholly abstained from any kind of drink since last January. We know Dr. Alcott, and believe him to be a sincerely good man. Some are so ungenerous as to say that he has an eccentric cast of character, otherwise denominated oddity. If it is true that he is subsisting without taking any kind of fluid into the stomach, it is certain that he must be reduced, in time, to the appearance of a lean, unhealthy, uninviting specimen of humanity. It is fair to conclude that the mind will suffer, ultimately, if it has not already, according to the deprivation of the body. Food, such as is ordinarily consumed by adults in civilized life, requires to be diluted in order to be taken into the circulation. Nature will not be wholly deprived of her due; and it is, therefore, pretty evident that, in this instance, if there is no fluid taken in any other way, there must be some received from the atmosphere through the skin, by imbibition. All the batrachian family of reptiles, as toads and frogs, are provided with water in this manner. They never swallow fluids by the mouth, and yet they require considerable to facilitate the digestion of the living insects upon which they exclusively feed. This explains why such multitudes of little toads appear in a summer shower: they leave their hiding places to regale themselves with fresh water, which is absorbed by their warty skins. By this cuticular mechanism, they unquestionably live for ages, imprisoned in rocks, whilst holding communication with the air through some minute fissure.

However gratifying it may be to some persons to be the *great talked about*, we are unwilling to admit that Dr. Alcott has any motives of vanity to indulge, or principles to test in physiology, requiring such an anti-common-sense procedure. We are, therefore, inclined to the opinion, that the story is merely intended for a joke at the doctor's expense.—*Boston Med. & Surg. Jour.*, Sept. 7, 1842.

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22. *Chronic Rheumatism.* By LUCAS MARSHALL BENNETT, M.R.C.S.—Having been for several years a sufferer from chronic rheumatism myself, and having, by the following means, obtained a perfect cure, and for the last four years enjoyed good health, I beg to suggest the same treatment for the benefit of "The Sufferer," *Lancet*, June 25; viz., a light, nutritious diet, particularly of milk, a total abstinence from all kinds of alcoholic drinks, warm baths, occasional purgatives, and the persevering use of the following medicines:—R. Blue pill and rhubarb pill, of each 3ss.; extract of colchicum and conium, of each 3ss.; powdered ipecacuanha, 3j. Mix. Make

forty-eight pills. Take two every night.—R. Hydriodate of potassa, 3ij.; camphor mixture, 3viiij. Make a mixture; take a large table-spoonful three times a day.—R. Tincture of iodine, 3iiij.; tincture of belladonna, 3iiij.; tincture of opium, 3ij.; soap liniment, 3viiij. Make a liniment, to be used three times a day.—*Ibid.*, from the *London Lancet*.

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23. *Introduction of Air into the veins.*—Dr. Godemer proposes a method to prevent the introduction of air into veins during surgical operations. He is of opinion that this accident results from the movements given the tumor, in dividing the circumjacent cellular tissue. To avoid this, he removes the tumor piecemeal. Since adopting this method the accident has not occurred to him.

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24. *Lime Moxa.*—Dr. Osborne recommends lime as a substitute for the moxa. A little quick lime, to the depth of half an inch, is placed within a circular piece of card or pasteboard, and applied to the skin; water is then dropped on, and mixed. An intense heat is immediately given out, about equal to 500° of Fahr. The degree of cautensation may be regulated by the length of time it remains on the skin.

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25. *Counter-congestion as a Remedial Agent.*—In a communication to the Maryland Medical Journal, Prof. N. R. Smith suggests counter-congestion by means of the tourniquet as a valuable remedial agent. In congestion of important organs, and when venesection might prove hazardous, the tourniquet applied to the thigh and arm, congestion of the limb takes place, by which a considerable quantity of blood is retained from the circulation. The heart and other important organs may thus be relieved with safety when the use of the lancet would prove dangerous. The arm may retain in this way twelve ounces of blood, and the lower extremity twice that quantity. In cases of epilepsy, when the tourniquet or a ligature has been applied to arrest the *aura epileptica*, Prof. S. supposes the true explanation to be the relief afforded the brain by temporarily withdrawing a portion of blood from the circulation.

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26. *New Mode of Relieving Retroversion of the Uterus.*—Dr. Chapman, of Baltimore, reports two cases of this affection relieved in the following manner:—The patient is

placed on her knees, elevated by pillows, and her shoulders brought low down into a hollow of the bed. Repeated percussion was then used over the back with a pillow, which proved successful in dislodging the uterus from its retroverted state.

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27. *Varicose Ulcers.*—Dr. Hayward, of Boston, is of opinion that division of the vein by which its obliteration would be effected, is the safest and surest method of relieving these ulcers. The operation should be deferred until the inflammation has subsided. After the operation, a compress should be applied to the part where the division was made, a roller applied from the foot to the middle of the thigh, and the limb preserved quiet in a horizontal position until the wound heals. No danger is incurred by dividing the integuments above the vein.

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28. *Rupture of the Spine from Muscular Exertion.*—The *New York Medical Gazette* contains an article from *Gaz. Med. Paris*, on the rupture of the spine from muscular effort. The patient died in thirty-six hours after the accident, exhibiting signs of pressure on the cervical portion of the spinal cord. On examination, the injury was discovered between the fifth and sixth vertebræ. The posterior cervical ligaments and interspinal muscles were lacerated, the intervertebral substance was torn, and, no union existing between the spinous processes, they were separated, and the membranes of the cord exposed. Ecchymosis extended from the third cervical to the second dorsal vertebra.

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29. Dr. J. E. Craighead, of Somerville, West Tennessee, has successfully used prussiate of iron as a substitute for sulphate of quinine in intermittent fever.

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30. *Medical Appointments in the Navy.*—The Naval Medical Board, consisting of surgeons W. P. C. Barton, (President,) J. A. Kearney, W. Smith, T. Dillard, and W. S. W. Ruschenberger, adjourned on the 6th of June, after a session of two months.

Thirty-two candidates were examined, fifteen of whom were passed for admission into the Navy as Assistant Surgeons, viz.,



Wm. S. Bishop, Saml. M. Edgar, Jas. Wilson, Jr., Chas. Everfield, E. K. Kane, E. Hudson, R. McSherry, Wm. Pitt Channing, E. J. Bee, J. L. Burt, J. T. Bartross, A. C. Holt, J. Hamilton, C. H. Oakley, R. N. Baer. Assistant Surgeon Leacock was examined and approved for promotion.

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31. *Medical Olio*—A chalybeate spring, discharging five hundred gallons per hour, has been discovered in the neighborhood of Millsboro', Delaware.—Several cases of sudden death are recorded in the New York papers, arising from the excitement of the Fourth of July.—A female child, sporting two heads, but in other respects perfect, is now exhibiting in Chapel street, New Road, London.—In 1814 the plague destroyed 40,000 persons in Smyrna.—It is generally believed in Eastern cities that *cats* retain the contagion of plague, and contribute to its spread; and many of them die of the disease.—Dr. Mott says, there is probably no instance of a Mussulman submitting to an amputation or any other surgical operation.—A certain professor and an ex-professor of New York are having quite a *war of words*. Thus far the *ex-professor* seems to have the better of the controversy.—A number of cases of yellow fever have occurred in New Orleans: the disease is prevailing as an epidemic, but probably not to as great an extent as usual.—A case of insanity occurred at Madisonville, Ohio, apparently the result of excitement produced by Mesmeric manipulations.—Dr. Buchanan, the *neurologist*, has united with the steamers in this city to form a medical school.—Cincinnati maintains a remarkable degree of good health—no epidemics prevailing, and less than a usual amount of sporadic cases.—A boy in this city recently fell head foremost to the bottom of a well 40 feet deep, without receiving material injury.—Professor Bartlett is preparing for publication a work entitled, “The History, Diagnosis, and Treatment of Typhoid and of Typhus Fever; with an Essay on the Diagnosis of Remittent and Continued Fever.”—A fatal case is reported in the London Medical Gazettee from eating peas. They were imperfectly masticated, and passing the upper bowels without digesting they lodged in the rectum, and produced obstruction of the bowels and bladder, and speedily proved fatal.—Dr. Andrews, of Alabama, informs Prof. Cross, that he has used repeated injections of cold water with great success in bilious fever.

# THE WESTERN LANCET.

CINCINNATI, SEPTEMBER, 1842.

## MEDICAL SYSTEMS AND HABITS.

Fashions and habits are the despots of civilized life. Were they confined to the social circle, no complaint need here be made; but when their blighting effects are thrown around a noble and favorite science, silence cannot longer be enjoined. In every age the progress of medical science has been greatly retarded by blind adhesions to groundless theories, propagated by some distinguished star of the profession—distinguished for recklessness of truth, and pertinacity of hypothetical opinions—and while the lofty aspirations of the author are fully satiated, and as he quietly reposes upon his hard earned laurels, deeply intoxicated by the adulations of an admiring multitude, his hopes are suddenly extinguished by the onward march of science, and he lives to witness the obsequies of his own cherished system. But scarce have these conventional hypotheses been erased from the page of science, ere others, not less absurd, arise and fill their place. The dreamy age of alchemy—the hopes of endless wealth and perpetual youth—have passed, as a vision-like panorama, to the shades of forgetfulness. Nor can the theories of Galen, and Boerhaave, and Sydenham, and Hoffman, and Cullen, and Brown, together with a host of others, although containing much that is true, boast a more substantial existence.

But to withdraw our contemplations from the mazy theories of remote periods, we find, in our own time, and under our own observation, that the world still enjoys a full blaze of mystical medicinal glory. Thus, homœopathy, hydropsudopathy, steam, botany, and all the interminable shades and varieties of cancer quacks, water doctors, and “yarb” doctors, the whole embellished with the corps patent, present an array of ignorance and deception unequalled in any other department of human knowledge. These schemes of modern

deception, by subverting truth and arrogating to themselves great perfection, influence, not only the ignorant and illiterate, but, ascending to the highest ranks, there also claim equal homage. And the refinement of infinitesimal doses, enforced by the cabalistic *similia similibus curantur*, will especially claim the regard of the scientific, as approaching perfection. Mystery is deemed paramount to demonstration. Vague surmises are gravely set forth as truths. The incomprehensible and impossible promulgated as axioms, and sensible men asked and sometimes induced to believe them!

There are these differences, however, between the ancient and modern systems:—The ancients were prompted to their tasks in part by a love of fame, but more especially a desire to do good to their fellow-beings; while the moderns, in too many instances, are governed alone by principles of cupidity. The former acted according to the light of their time; the latter in accordance with mercenary and selfish designs. The errors of the former were commingled with many noble and enduring truths, while the latter, often, have not a single redeeming quality.

Professional fashions and habits characterize whole nations. Thus, in France an inefficiency characterizes their remedial means, these consisting, in no small degree, in rigid abstinence, mild antiphlogistics and derivatives. In England, and, more especially, the United States, the case is reversed. Active sanguineous depletion, blistering, purgatives, and, especially, ptyalism, stamp a character upon American and English practice remarkable for its activity.

Knowing, as we surely do, the liability to be misled by the current of popular opinion, it becomes our duty to examine the subject, and to determine how far we are guided by the example of others, rather than sound practical principles.

The opposition of designing empirics to regular practice, and the support of their own pretensions, are derived, in most instances, from an avowed hostility to the use of *mercury*. Bold in their denunciations of *calomel*, and fervent in asseverations of benevolence, they too often succeed in securing public favor. It becomes us to enquire, then, how far do physicians contribute to the production of this state of things? Have we any fashions or habits upon which the designing can base their opposition? In answer, we think the following points are worthy of consideration.

Physicians are occasionally induced to lend their names and influence to circulate patent nostrums, even giving certificates of their



curative powers, and advising a too credulous public to swallow the medicine. The fact that the proprietor may have made known the composition of the medicine, constitutes no valid argument in favor of this unprofessional course; because, the *principle* receives the same impulse, so far as the public are concerned, as though the constituents had not been made known. Again, we find some even *prescribing* patent medicine, the composition of which they are *totally ignorant*.

But one of the most prolific sources of creating and sustaining quacks and quack remedies—of driving the community from regular physicians—is found, as all observations will prove, in the *habit* of some practitioners of prescribing calomel on every trivial occasion. Calomel is undoubtedly one of the most valuable agents belonging to the materia medica, but at the same time, we are inclined to believe, that it is often used when it could be as well, if not better, dispensed with. So inveterate, with some, has become the *habit* of administering mercury—so common its use in all cases, without distinction of age, sex, habits, or constitution, and, we had nearly said, disease—that the patient looks for a “dose of calomel” with as much certainty as he does the visit of his physician. That there is a *frequent* necessity for the administration of mercury, in some of its forms, is fully conceded; but that such a universality of administration is required by the disease, or expedient for the profession, is more than questionable.

Finding the routine practitioner to adopt almost a oneness of practice in all diseases, so far as mercury is concerned, and being much more likely to detect the bad than good effects of the remedy, is it a matter of surprise that the public should, in many instances, be driven to the impudent and cunning empiric, who boldly proclaims the efficacy and safety of his own remedies, while he triumphantly points to the destructive work of the truly valuable, but too often incautiously administered, remedy of the enlightened physician?

We recently heard an intelligent gentleman remark, that when his family physician is called in, he almost uniformly prescribes “a *small dose of calomel*.” So common has this become, and with so much certainty do his children get the medicine, that the gentleman proposes, when sickness occurs, to give “a small dose of calomel,” and not trouble the physician. In this instance there seemed to be a disposition to resort to botanical practice; an error that was likely to result from a little imprudence on the part of a highly intelligent physician.

This, we repeat, is more the result of habit than a real necessity

for so frequent a resort to calomel, in the most ordinary and mild affections, and is one of the principal means of affording a pretext for the use of quack medicines.

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**TREATMENT OF FEVER.**—We hear it very commonly remarked by physicians, that within a few years, especially since the prevalence of Asiatic cholera, fever has undergone many and important changes. Instead of “*the old fashioned bilious fever*,” characterized by prominent hepatic derangement, and seldom complicated with local inflammation of a dangerous character; we now find, in febrile affections, congestion of various organs, and varying intensity, and, when permitted to continue, frequently resulting in inflammation, especially of the stomach, bowels, brain and lungs.

In view of these facts, we would ask the question;—Has the *treatment* of fever undergone corresponding changes, by which it becomes adapted to the mutations of the disease? Can we resort to *active purgatives*, especially mercury, with a view to its local and constitutional effects, with the same benefit that formerly attended the use of these remedies? Without attempting now to argue the questions, it may be asserted with much confidence, that the negative of these propositions is true.

Under this contingency it will be asked, what *general* course of medication can be substituted for the old practice? So far as the *effects* of agents, independent of demonstration, can establish their character, it may with much certainty be assumed, that the remote cause of miasmatic fever operates on the nervous system as a *narcotic irritant*, from which primary action proceeds all the subsequent derangements. It is not improbable that all miasmatic fevers have a tendency to periodicity, and that this peculiarity is prevented or suspended only by the intensity of the action on the nervous system. The most simple form of the disease is the intermittent variety; the other forms, as before intimated, are produced by the varying *intensity* of the remote cause, and constitutional peculiarities. Now in the treatment of intermittent fever we all rely upon *quinine*; and the experience of many practitioners teaches that the same remedy is equally efficacious in other forms of fever.

Quinine, in proper doses, is not a *tonic* or *stimulant*, as has been supposed; but its action being directed to the nervous system, may, for the want of a more expressive name, be termed a *febrifuge*. In small doses, like opium, it becomes an irritant or excitant, but in

large doses it acts as a sedative, thereby relieving the irritated state of the nervous system in fever.

Dr. McCormick, of the U. S. Army, stationed at Fort Gamble, Florida, states that his opinion on this subject has undergone material changes within a few years. Formerly he relied very much upon the mercurial treatment, but more recently he has resorted to the use of *quinine*, not only in intermittent, but also in remittent and congestive fevers. He gave the remedy, not in the ordinary doses of one or two grains, but in ten, fifteen, or twenty grains, repeated according to the violence of the attack. The result is, that he cures his patients more *speedily and certainly* than he did upon the old treatment. Of course proper evacuants, as venesection, mercurial purgatives, etc., will frequently be required.

We wish to urge upon the profession the importance of this subject, and hope the few brief hints thrown out will elicit remarks from others.

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**ANÆMIA.**—In treating of *inorganic murmurs* of the heart and blood vessels, Dr. Hope remarks, that he has found these physical signs usually in young females, of delicate irritable temperaments, and subject to hysterical affections. Upon examination of the blood of such persons, he was satisfied that a deficiency of the quantity and quality of that fluid—a disproportion of its constituent elements—existed; and hence the origin of the murmurs.

There is one peculiar feature in these cases of great practical importance, that will at once occur to the mind. In the experiments of Dr. Marshall Hall and Dr. Hope, on animals, it was ascertained that, when venesection was performed largely, or a number of times in succession, a highly nervous state, that is, great susceptibility to excitement, ensued; and that this was removed, after a time, when the quantity of blood had become normal.

Now the practical point is this:—In nervous, hysterical persons, especially females, does not the peculiar symptoms arise from deficient quantity and depraved quality of the blood, instead of idiopathic nervous debility? This alters the whole aspect of the case, and the treatment, instead of consisting in antispasmodics, (and more especially *emmenagogues*, in cases of *chlorosis*, the form which these usually assume,) the more rational treatment will consist in means calculated to restore the healthy condition of the digestive organs, and through them a natural supply of blood. This is not *humeralism*, but is only properly appreciating cause and effect. It will readily be



understood how a deficiency of the natural stimulus of the blood produces *irritability*, and general nervous derangement.

ANALOGY BETWEEN CHOLERA AND AGUE.—Dr. Billing, in his late work, has communicated an extraordinary fact, of the identity of ague and Asiatic cholera. We are fully apprized that the march of mind is onward, that the intellectual conquests of the nineteenth century are unequalled in the history of man. Ultimate principles are rapidly being denuded of their covering, and the long concealed secrets of nature are becoming familiar to the eye of the multitude. Already have physical improvements almost annihilated space; and having attained the summit in the material world, the uncompromising philosopher maps the mind upon the cranial surface, reveals the spiritual character of disease, and its no less intangible remedy. And finally, fairly surpassing himself, discovers the essence of mind! All this *may* take place, but we really did not expect to be taught that ague and cholera are identically the same!

Dr. B. says ague presents all the modifications of cholera: thus, ague with convulsions is spasmodic cholera; ague with nausea and diarrhœa, purging cholera, &c. We remember some ten years ago, when the dread scourge of nations passed in terrific power over our country, that its presence was avoided as the very breath of pestilence. Little did the frightened multitude suppose that year after year this same pestilence had shaken their frames, and revisited them as an autumnal companion! But so it is; and it was reserved for Dr. Billing to establish, that the temporary depression of an ague fit, followed by immediate reaction, is a miniature case of spasmodic cholera.

But if we are surprised at the author's sagacity in pathology, our wonder will be heightened into astonishment at his therapeutics. And what can it be supposed is his chief prescription in cholera? Is it opium, to arrest inordinate spasms and purging? or is it calomel, to restore the hepatic functions? or does he resort to stimulants, to bring on reaction, and thereby escape impending danger? Neither one nor the other. It is this:—

R. Ant. Tart. gr. ij.

• Magnes. Sulph. ʒss.

Water Oj.

M.

A table spoonful to be taken every half hour.

Who will try the prescription? Let us have a report of the first case.

But, in order to cap the climax of absurdity, Dr. B. gives the

rationale of the medicinal action. He supposes the medicine to be taken into the circulation, and by *repressing* the expenditure of nervous influence, by virtue of its sedative powers, causes the heart to struggle less, and take repose; and upon reaching the capillaries, *constringes* them, in consequence of which their action is *increased*. We hope the reader will investigate the subject.

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**CAUSE OF CHOLERA.**—It will be recollected that when speculation was rife in relation to the cause of cholera, one theory referred it to cometary influence. Biela's comet, which passed its aphelion in 1832, was supposed to exercise an influence in the widespread devastation produced by cholera during that year. In a recent article on the subject of comets, Prof. Tomlinson, of Augusta College, adverts to this theory, and suggests further, that the *shooting stars*, or meteoric showers, which occurred afterwards, was only the *breaking up* of that peculiar electric state of the atmosphere which had been the source of so much mischief. The periodical return of Biela's comet is once in five years and about two hundred and seventy days. The return of cholera, however, not corresponding with these periods, would indicate with a good deal of certainty the fallacy of that theory. The suggestion of Prof. Tomlinson can only be received as conjectural, yet it is ingenious and plausible.

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**IODINE INJECTIONS IN THE TREATMENT OF SEROUS CYSTS.**—In consequence of the success of iodine injections in hydrocele, M. Velpeau was induced to resort to the same means in the treatment of various serous cysts, enlarged bursæ, &c., about the knee, axilla and other parts. The cyst is punctured with a proper sized trocar, and when the contents have escaped, a mixture of one part of iodine and two of water is thrown in. The same treatment may be found applicable to analogous diseases of the serous membranes generally.

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**POLYPUS OF THE UTERUS EXPELLED BY SECALE CORNUTUM.**—Several cases of this character have been related in the journals. In one instance active hæmorrhage had occurred, and 3ij. of the tincture of ergot was administered with the view of arresting the discharge. Uterine contraction came on, when a large, firm substance was discovered immediately within the os uteri. The medicine being repeated, the mass was expelled, which proved to be a polypus, as

large as *two placentæ*. In another instance, a patient with polypus took four doses of the medicine, ʒij. at each dose, when severe labor pains came on, and a polypus as large as a placenta was expelled. Other similar cases are related. What will those who deny any power to ergot, say to these statements?

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**PRIVATE MEDICAL INSTRUCTION.**—We have received the circular of Drs. Warder and Dennis, of this city, announcing that they have formed an association for the purpose of giving private instruction to medical students. The course which they propose to teach will embrace general and special anatomy, surgery, physiology, pathology, obstetrics, theory and practice, materia medica, and chemistry. The pupils will be met daily for instructions and examinations, and the libraries, apparatus, &c., of both preceptors will be enjoyed by the students. Particular attention will be paid to examinations upon the subjects of the current lectures in the Medical College of Ohio. The qualifications of the gentlemen to teach the various branches embraced in the circular are undoubted, and the promises made will be faithfully redeemed.

Systematic and regular private instruction is of the greatest importance to the student; and even while attending lectures his progress will be materially accelerated by a plain and familiar recapitulation of what has been presented in the public course. This becomes the more necessary as the period usually devoted to elementary medical tuition is too short to ensure accuracy in all the branches of so complicated a science.

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**MEDICAL APPOINTMENT.**—Dr. John Moorhead has been appointed Professor of Theory and Practice in the Medical College of Ohio. Dr. M. was formerly a Professor in the same institution, but has for several years past resided in Europe, devoting most of his time to medical studies. While a resident of this city, he enjoyed a high reputation as a practitioner and teacher.

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**THE MEDICAL INTELLIGENCER AND LITERARY ADVERTISER.**—This periodical is published by Messrs. Lea & Blanchard, Philadelphia, and is devoted in part to general medical intelligence, but more especially to advertising medical books. It is a very useful sheet, and can be obtained, *free of charge*, by addressing the publishers, postage paid.



# THE WESTERN LANCET.

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## ORIGINAL COMMUNICATIONS.

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### ART. I.—*The Curative Influence of Mercury in Fever.*—By L. M. LAWSON, M. D.

[Read before the Hamilton County Medical Club.\*]

FEVER produces fatal results, either by congestion, inflammation, or exhaustion of nervous energy—separately or combined. \* In the treatment, we employ remedies, before the occurrence of these conditions, as preventives, and, after their supervention, appropriate means for their removal.

The indications in the early stage of fever are to remove nervous irritation and vascular excitement; or, if there is loss of vitality, to restore the energies of the system; and a restoration of the secretions, purely as the work of nature, follows the removal of these conditions.

In a more advanced stage, our efforts, as a general remark, will be directed to the removal of local disease—most usually irritation and inflammation.

Can ptyalism fulfil either of these indications? Can it remove nervous irritation and vascular excitement, and thereby prevent the development of inflammation? or can it remedy the latter condition when it has occurred? We answer, no.

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\* The rules of this association limit the reading of papers to a short period; consequently, only the more general aspects of a subject can be presented.

Mercury acts as an excitant and irritant. Its effects are general and local. It acts on the gastro-intestinal mucous surfaces by immediate contact, on other parts through sympathy, and on the system more at large by absorption into the circulation. Dr. Cullen remarks, that mercury "acts as a stimulus to every sensible and moving fibre of the body." Dr. Ives observes, "that where mercury produces its specific action on the constitution, it appears to be previously absorbed into the blood-vessels. It then becomes a new and peculiar source of irritation to all the organs concerned in the circulation and the various secretions; it extends its influence through the medium of the blood to the nervous system, increasing its irritability, and thereby reacting upon the heart and arteries." We ask, then, how can an agent, whose primary effect is to *produce* vascular and nervous irritation, subdue fever? The answer is, in accordance with the views of Mr. Hunter, that no two diseases can exist in the same structure at the same time, consequently, mercurialization will eradicate fever.

This doctrine, which *has* been kept in remembrance by almost every practitioner, since the days of Hunter, perpetuates a gross and palpable error, and one exceedingly mischievous when applied to therapeutics.

That two diseases can occupy the system at the same time is obvious. If vaccine virus, and variolous contagion, are so applied to the system as to develop their effects simultaneously, a modified disease results, proving that their influences were exerted upon the same tissues at the same time, resulting in symptoms characteristic of neither. Syphilis and mercury act on the same structures; yet patients laboring under lues venerea are frequently pyralized without having the original disease cured. Inflammation and tubercular deposits are found co-existent in the lungs, yet it is evident they are distinct diseases, as inflammation, under ordinary circumstances, and in constitutions not predisposed to tubercular disease, does not give rise to the latter condition. There can be but little doubt that various eruptive diseases coalesce in a variety of forms, constituting anomalous affections, often difficult of diagnosis.

And further, this doctrine furnishes its own refutation. It is

admitted by all, that patients die of fever after mercurialization has taken place ; hence, according to Hunter's views, two diseases did exist at the same time, sometimes one and sometimes the other triumphing.

But, even admitting the truth of Hunter's doctrine, it does not follow that mercury can cure fever upon that principle. It must first be proven that the pathological conditions in fever and mercurialization occupy the same structures. Another point is worthy of consideration. There is no reason to doubt that the inflammation produced by mercury is the same, in all its essential qualities, as that produced by fever. Consequently, instead of proving remedial, it would augment the disease, as *similar* instead of *dissimilar* conditions are produced.

It is not pretended, even by the most ultra advocates of mercurialization, that the medicine will cure fever by removing nervous depression or irritation ; but an explanation is sought for in its supposed power to control inflammation and congestion. This, we believe, rests alone on hypothesis. That mercury acts as an excitant and irritant is sufficiently evident, as all the phenomena arising from its constitutional influence clearly prove. If, then, the medicine is administered when there is a decided tendency to local inflammation—when general irritants are liable to produce local effects in deranged organs which will develop active disease ; mercury becomes not only an equivocal remedy, but one certainly pernicious.

Why is it that local inflammation is so common in fever? We answer, because a general *irritant* is acting on the system, which must necessarily produce the most intense effects on deranged or weakened organs, thereby destroying the equilibrium of the nervous and vascular functions, and lighting up inflammation more or less intense. Therefore, the effects of an irritant and excitant, such as general mercurialization, super-added to the original derangement, is contra-indicated by every principle of pathology and therapeutics.

A large number of practitioners believe that if ptyalism can be produced the fever will be cured ; indeed many direct all their efforts to that point, and when it occurs consider their patient safe. In all this I apprehend there is a great error. Iso-



lated facts are exceedingly apt to mislead. That fever patients *generally* recover when ptyalism takes place, is admitted; but that they sustain the relation of cause and effect is not so apparent. Universal experience attests the fact, that, during high arterial excitement, or when the circulation is greatly depressed, ptyalism can rarely be produced. Depletion in the one case, and stimulation in the other, must be resorted to before mercurialization can be accomplished; hence it is evident, that the violence of the disease must be broken down by active treatment, before this catholicon can do its work. Who cannot see that ptyalism in such instances *follows* the removal of disease instead of *causing* that change—that it quietly *takes* possession of the field after it has been evacuated by the enemy.

In malignant forms of fever, when there is great excitement or depression, in children, and from idiosyncrasy, it is usually impossible to produce ptyalism. And when all these conditions are absent, as in the ordinary and mild febrile affections, its aid is not required.

It is also true that fever patients do not always recover after ptyalism has been effected. The recorded experience of eminent men on this subject is not wanting.

Bancroft observes: "By extensive observation and experience, the mercurial mode of treatment is not found more successful in yellow fever than other modes, and, if not more successful, the practice is certainly hurtful; because in most of the persons who have recovered, the (perhaps hurtful) salivation had retarded the convalescence, and produced very troublesome affections of the tongue, mouth, and throat, with other ill consequences, as is well known and admitted by its advocates. \* \*

"It appears certain that the good effects of the mercurial treatment have been greatly exaggerated, by persons who were either deceived or willing to deceive others; that many have died of the fever in question, although mercury administered internally and externally had produced copious salivary discharges, and that in very many others who have recovered, this discharge did not begin until *after* a solution, or great mitigation of the disease had evidently taken place."

Dr. Rush has stated "that in the hospital where bleeding

was sparingly used, and where the physician depended chiefly on salivation, more than one-half died of all the patients who were admitted."

Dr. John McCabe has remarked, "that the action of mercury on the system does not supercede the action of fever, as every medical officer must have seen who has had charge of a hospital in the West Indies."

Dr. G. Biene says, "I have seen many die of yellow fever after the system had been affected and the gums sore."

On the subject of the treatment of yellow fever, Dr. McIntosh says, "Some practitioners trust almost exclusively to the action of mercury, and in India more particularly it is deeply to be regretted that a great waste of human life has consequently taken place. Dr. Haliday, of the Hon. East India Company service, was, by order of the Marquis of Hastings, put under arrest, and deprived of rank and pay, for showing by the most incontrovertible evidence, that in the General Hospital of Calcutta, the enormous quantity of 26 lbs. of calomel was consumed by 886 patients. And that under the painful digestion of this mineral the proportion of deaths was 1 in about  $6\frac{1}{2}$  of the whole sick list; while, under a more rational treatment, the mortality was reduced about one half: in fact, that the mortality bore almost an exact ratio with the quantity of calomel exhibited." He also adds, "In 1796 the deaths in the West Indies, under Dr. Chisholm's mercurial plan, were never exceeded, amounting to nearly one half of the whole number of troops."

In a note to McIntosh's Practice, Dr. Morton remarks, "that it is evident the exhibition of the enormous quantities of mercury which have been given both in this form of disease, (yellow fever,) and other forms of fever, is not attended by the un-failing success which alone could warrant its employment."

Prof. Cross, of Transylvania, Prof. Cook, of the Louisville Medical Institute, and Dr. Cartwright, of Natchez, all testify that they have frequently witnessed the fatal termination of fever after full mercurialization.

Speaking of the mercurial treatment of fever, Dr. Graves remarks, "I must confess that I am not at all inclined to adopt

this practice, and that I have seen abundant reasons why I should neither employ nor recommend it. In the first place, we have observed in our wards that patients with other diseases have frequently caught fever, from exposure to infection, at a time when they were fully under the influence of mercury. In the next place, we have observed that persons who were thus attacked with fever, while in a state of salivation did not escape better than others, and that in them the disease ran its full course, aggravated rather than diminished in its danger by the pre-existing mercurialization.     \*     \*     \*     Again, I have repeatedly witnessed the daily and continued exhibition of mercury in fever, and I cannot recollect a single case in which it appeared to check the disease, moderate its symptoms, or bring about a favorable crisis."

The preceding reflections and quotations will, I think, prove that pytalism is not indicated in fever. The question then arises, is mercury necessary to any extent in the treatment of fever? I answer, it is.

During the existence of fever, when the secretory organs in general have been greatly deranged by the action of the remote cause on the nervous system, and by the subsequent vascular excitement, the various depurating organs fail to transmit the refuse materials through their outlets, the venous blood assumes a darker hue than natural, and the system becomes forcibly impressed by the undue accumulation of such material. Under these circumstances our attention is especially directed to the liver, as it is one of the principal organs concerned in the derangement just alluded to, and it is with reference to the state of that organ that mercurial remedies become necessary.

Calomel acts as a local stimulant to the liver, arousing it from a torpid condition, and exciting its absorbents to increased activity, thereby removing vitiated materials from the circulation. In proportion as this process is more or less perfect, will be the relief to the general system, as the result of the removal of excrementitious matter in the form of dark alvine evacuations.

The use of calomel, then, in the treatment of fevers, is not only necessary but indispensable; but this does not prove that



it can be administered *ad libitum*; on the contrary, as much injury is to be apprehended from its too protracted and copious exhibition, as from its entire proscription.

Dr. Harrison remarked, that the subject was one of great importance. Here was a remedy of great popularity in the profession, which, of late, had been much decried by certain practitioners, who regulated their plan of practice by the Parisian standard, in cases where this great article of the *materia medica* was concerned. Broussais called calomel an irritant, and the French practitioners seem to entertain a great horror towards the mercurial practice in fever. But calomel is neither constitutionally, nor locally, an irritant. First, calomel applied to an irritable ulcer, soothes rather than irritates: second, calomel given in gastritis, does not irritate; on the contrary, it allays the vomiting which accompanies acute gastritis: third, given in dysentery, it abates the tormina and tenesmus, even before it operates. That mercury is not a stimulant is manifested by several interesting and important facts in practical medicine. Iritis is arrested by mercury, after bleeding, general and local, tart. antim. and other antiphlogistic means have failed. The constitutional influence of mercury will arrest puerperal peritonitis: this is not only admitted by Baudalocque, in his work on that disease, but urged with warmth. In pericarditis, arachnitis, pneumonitis, pleurisy, and other inflammatory seizures, the revolutionary action of mercury is urged to arrest the phlogistic state of the system, and to put a stop to the disorganizing process set up in the part affected.

The abuses committed by routine, or blundering practitioners in the treatment of fever, as regards the quantity, or inappropriateness of the remedy, should not obscure our perceptions to the great virtues of mercury in various febrile diseases.

In yellow fever Chisholm first employed it, with a bold hand. Rush confided in its vast powers. Johnson, Annesley, Swining, and other late writers on that tropical fever, have most emphatically commended its vast curative agency.

The Dr. declared that he had never seen a patient in bilious fever, fairly salivated, perish of the disease. The patient may

die from excessive mercurialism, after the fever is subdued : or, a spurious pyalism may be present, which coincides with and aggravates the febrile state. A dry sore mouth, with a gangrenous tendency, where the salivary glands are unexcited in the secretory action, is a very unpropitious accompaniment.

As to the *modus operandi* of mercury, the Dr., in conclusion, said he had but two remarks to make. First, mercury does not enter the blood; and second, mercury acts in several distinct modes in the arrest of febrile action; 1st, as a restorer of the hepatic, renal, and other secretions; 2d, as an alterant, changing, by a mysterious mode of influence, the capillary action, and thus subverting morbid processes: 3d, by a rapid revolutionary, or perturbing and pervading impression; setting up a new action in the system. There are several practical considerations which prove that mercury does not enter the blood: 1st, its effect depends on the excitability of the system; it cannot be made to act in the very high or very low states of the constitutional powers. 2d, the preparation, and not the quantity, of the metal, induces the resulting phenomena witnessed. Thus a few grains of the metal, with chlorine, will produce results not attainable by hundreds of grains of mercury with oxygen. The crude metal itself, as is well known, is inert; combination must impart activity to it. The remedies usually administered in conjunction with calomel, have no tendency to favor its supposed absorption. Opium, in certain irritable, depressed states of the vital powers, favors its constitutional influence; and tart. antim. in inflammatory conditions of the body, facilitates its alterant, as well as revolutionary powers.

Doctor Carroll remarked, that the gentleman, (Dr. H.) in declaring that mercury was not a stimulant, evinced that he had never been salivated; for he thought if he had he would not now be of opinion that mercury had no stimulating or irritating quality. Cullen has somewhere said, that mercury stimulates every living fibre of the system. Upon this law of its action, said the Doctor, we rely, when we give it for the purpose of removing local inflammations, or congestions. The mercury is absorbed into the circulation, and thereby directly

applied to the secretory and excretory systems ; and by this means an equilibrium of the circulation is brought about; and, of course, the local congestions, or inflammations, are relieved of the superabundant amount of blood that oppresses them before this takes place.

But the gentleman, said the Doctor, denies the absorption of mercurials into the circulation; he would, however, only use a single argument to disprove this notion; that was, that calomel given to a nursing mother, would almost as certainly purge the child as it would her; and that acids and various indigestible substances had the property, when eaten by the mother, to affect the child with various irritations of the stomach and bowels. To cure the nurse and child of syphilis it is only necessary to give the proper medicines to the nurse; and the child through the medium of the milk will get well as rapidly as the nurse.

Now he (the Dr.) would like to know how this healthy condition of the child, as well as the nurse, is brought about, if there be no absorption of mercurials into the circulation; as the infant could not be affected by the sympathies of the nurse through the medium of excreted fluids. The well known effect (said he) of ramps, a species of wild onion, in rendering the milk of cows disagreeable to the taste and smell, goes to show that substances taken into the stomach become a component part of the circulation, and impart their peculiarities to the excretions. The gentleman, however, insists that a child is purged, not by the absorption of the medicine into the fluids of the mother, but by the vital change of the excreted fluids.

Dr. C. further remarked, that he could not understand such assertions as meaning any thing reasonable: he was no believer in animal magnetism, and could not believe that the electrical influences proceeding from the mother to the child, would act as a cathartic; and confessed his astonishment that such views could be entertained by any medical man for a moment.

He said, he was well aware, that much injury had been done by a false notion, that mercurial action and fever could not exist together; for he had often observed, that the mercurial disease did not subdue the fever; but that both went on, though in a



modified condition. This, he said, was frequently the case in the treatment of the winter fevers of the west; and in continued fevers generally. He said he had observed both diseases remain unsubdued until death, and that he had long been of the opinion, from observation, that many constitutions would admit of the general influence of mercury, yet that they would not admit the salivant influence of it; and he had seen patients lost by the continued use of this medicine, under these circumstances — physicians in attendance believing that the medicine should be given until the mouth would run.

When the fever, said he, holds on with the mercurial action, the mouth is mostly dry, with the skin in the same condition; and when this is the case, mercurials should be discontinued nearly altogether, and the patient placed under the use of antimonials; for, said he, I have often known, in continued winter fevers, hæmorrhage of the bowels apparently brought on by the continued use of calomel, after all the specific effect was produced of which the system was susceptible; and this was often more obviously the case where cold drinks were allowed, and where the patient was not kept in comfortable apartments.

The Dr. remarked, that he had seldom, if ever, observed calomel, or any other mercurial, useful in scarlatina; and although alterative doses might be sometimes useful at the close of the disease, he deprecated the profuse exhibition of the medicine, as advocated by Armstrong.

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ART. II.—*Case of Congestive Fever accompanied with extreme torpor or insensibility of the nerves of sensation.*—  
By DAVID HUTCHISON, M. D.

*To the Editor of the Western Lancet.*

SIR—I take the liberty of sending you the following case; should you think it of sufficient interest to deserve a place in the Lancet, you are at liberty to give it an insertion.

R. C. ætat. 45, (of strong constitution, but accustomed to drink whiskey,) was taken on the night of the 27th July, 1842, with a chill, succeeded by fever, which passed off next morning

with a profuse perspiration. He spent the day of the 28th very comfortably, and took some cathartic medicine, which produced three very liquid stools. At 12 o'clock at night, he had another chill, from which reaction did not ensue. I was called to visit him at 12 o'clock on the 29th, and found him with a scarcely perceptible pulse, skin cold and covered with a cold clammy perspiration, and blue in patches about the size of pin-heads, and appeared as if it had been steeped in ley; the lips were of a deep purple-blue, and cold to the touch; tongue moist and slightly furred; superficial veins perfectly collapsed; oppression at the præcordia, the ear applied to the cardiac region discovered labored action of the heart; head warmer than usual, perfectly rational, very restless, and thinks that there is not much the matter with him; complains of no pain.

I gave him an ounce of elix. pægoric in a little brandy, to act as a stimulus and allay his restlessness, and applied sinapisms to the extremities, and a blister over the abdomen, to act as revulsives to the oppressed circulation; and prescribed sulphate quinine 2 grs.; capsicum 3 grs.; gum camphor 2 grs.; brandy one spoonful—to be given every hour; skin to be rubbed and kept dry, and keep hot bricks to the feet, and so soon as the pulse rises give him calomel 15 grs., in portions of five grs. every three hours. I visited him again at 12 o'clock at night. Improved some, skin warmer, a cold clammy sweat still exudes from the surface, pulse rather fuller and one hundred in a minute; the sinapisms have remained on twelve hours, and excited the skin, but the sensibility is so obtunded that he experienced no smarting from them; the plaster on the abdomen drew a very fine blister, yet he did not experience any pain or smarting from it. He had taken the calomel; felt easy, but appeared restless.

Continued the tonics and stimulants, and gave him half a grain of sulphate of morphine every four hours till sleep is produced; and applied blisters to the inferior extremities and nape of the neck, and ordered a purgative of calomel rhei and jalap in the morning, if his bowels should not be operated on during the night.

• July 29th, 1 o'clock P. M. He has slept some, skin warmer,

perspiration not so profuse, but cold and clammy; blisters have raised well, says he never felt them; pulse fuller, about one hundred in a minute; tongue moist and furred; labored action of the heart, but not so much oppressed about the cardiac region; no action from the bowels.

Continued the tonics and stimulants, and gave enemata till the bowels were acted on, and gave him five drops of the tinct. digitalis every hour, till the pulse was reduced in frequency. The enemata roused the action of the bowels, and brought away a number of vitiated bilious discharges. The third dose of digitalis reduced the frequency of the pulse, and under the use of the stimulants it increased in volume; the superficial veins became distended with a vigorous circulation, the skin ceased to exude the cold clammy perspiration; the mercurials corrected the functions of the hepatic system, and he has continued to improve under the gentle use of tonics and alteratives, and is at present free from functional or organic derangement.

In this case the nervous system was depressed and obtunded by the impression of marsh miasmata; the impeded and oppressed circulation was produced by the depressed nervous energies; and on this view of the case was founded the treatment. Quinine, in such cases, answers a very valuable purpose, by acting as a sedative to the nervous system. Capsicum is equally valuable in giving support to the vital energies, and from its being more of a local than general stimulus, it can be given without danger of violent reaction.

This is the second case of this form of disease in which I have used digitalis with good effect. The stimulants immediately increasing the volume of the pulse, after it was reduced in frequency by the digitalis. This form of disease is very common in the miasmatic districts of this state, during the autumnal months. Sometimes the congestions are paroxysmal, and the only successful mode of treatment is, to anticipate the paroxysms by tonics and stimulants, and by alteratives to correct the functional derangements of the hepatic system.



[The treatment of this case exhibits, in the most unequivocal manner, the efficacy of quinine in the treatment of miasmatic fevers, or such as especially implicate the nervous system. The promptitude with which the violence of the symptoms abated, contrasts strongly with the slow, tedious, and *uncertain* recovery under the exclusive mercurial treatment.

We recently treated a case of fever, marked by depression, pain in the head and bowels, with a dry tongue, which may be noted as illustrating the same views. Calomel and ipecac was given, with the view of correcting the hepatic secretions. Great difficulty, however, was experienced in accomplishing this object, and the calomel was continued until ptyalism took place. The mercurialization was perfect, so far as inflamed gums, and a free flow of saliva could be received as evidence of that condition. *Still the unfavorable symptoms did not abate.* This condition of things lasted four or five days, when the debility greatly increased, with a small quick pulse, skin dry and husky, tongue dry and coated. Three grains of quinine, and one-eighth of acet. morph. was given once in three hours, until the symptoms abated. Further detail is unnecessary. We only wish to say that the disease rapidly abated, and that the quinine accomplished that which the calomel could not.

The term "sedative," applied to quinine by our intelligent correspondent, is evidently correct. We regard this article as possessing *sedative*, instead of stimulant properties. Hence its utility in relieving the irritated condition of the nervous system in fever, and aiding the recuperative energies of nature.—ED. LANCET.]

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ART. III.—*Inflammation of the Right Ovary and Bowels, caused by an extraneous substance.*

*To the Editor of the Western Lancet.*

SIR:—On the 28th of October, 1840, I was called to see Mary, a negro woman, aged 26, belonging to D. F——, Esq., of our village. I found her laboring under excruciating pain in the hypogastrium, or rather in the regio pubis. She in-

formed me that she had experienced pain in the same place on two former occasions, during her menstrual period. My course was strictly antiphlogistic. She recovered in the course of a few days.

*Dec. 4th.* Called again to see Mary; found her laboring under pretty much the same symptoms as before—pain in the same region, pulse quick and hard, tongue furred, and occasionally bilious vomiting. I bled her as much as 3xij. before any impression was made upon the pulse; gave an emetico-cathartic to relieve the stomach and bowels. Called in the evening, and found that the medicine had acted well, bringing away, by vomiting, a quantity of bile, and dislodging the bowels of a vast amount of impacted fæces. Patient much better.

I requested her to stand upon her feet, and, upon applying my hand over the seat of pain, I thought I could perceive an enlargement. What could it be? The bowels had been freely evacuated; it could not be from *them*, for their contents had been removed. Could it be the ovaria that caused the unnatural enlargement? I came to the conclusion that it was. Could it be dropsy of that organ? No. Why? The attacks my patient had were altogether too acute to be any thing other than acute inflammation of the ovaria. Then the question would arise, why should the ovaria complain in preference to some other organs? *That* to me was unaccountable. My course of treatment was, in this instance, pretty much the same that had been pursued in the attack of October, i. e., antiphlogistic. Nothing unnatural occurred during convalescence, save that she remarked to me, that “her sickness” (catamenia) lasted much longer this time than it did before, and that the discharge was much thinner. The case was dismissed on the 7th.

*Feb. 6th, 1841.* Mr. F——, called at my house and informed me that his girl, Mary, had another attack of her “spells,” and requested that I would see her. Upon examination, I found the attack to be very similar, only more acute than were the attacks of October and December. I made a very careful examination—as before—over the seat of pain: it was so acute that she could not bear the slightest pressure;

and, what astonished me most, I could feel no enlargement or swelling in regio pubis. I bled her, taking twelve or fourteen ounces before any impression was made upon the pulse. The bowels had been evacuated by a dose of Moffatt's pills that Mrs. F—— had given her. I gave her, however, hyd. subm. et jalap aa. gr. x., and ordered ol. ricini, a table-spoonful to be given in six hours. Called in the evening, and found the medicine had acted well. Still she complained of her "side." Ordered empl. canth. to be applied over the seat of pain.

7th. Patient no better; bled her again, taking about 3v., which reduced the pulse and gave "ease to the pain." Blister had acted partially; it was re-applied. Called in the afternoon, and found my patient asleep. Ordered ol. ricini, a table-spoonful to be taken at 10 o'clock.

8th. Found my patient complaining of "pain in her side," not so *acute*, however, as it was on the morning previous. Blister had acted well, producing a large vesicle; had it dressed in the usual way, and ordered mucilaginous drinks continued. Called in the evening, and found Dr. Anderson, of Flemmingsburg, and Dr. Dunlap, (my partner,) in waiting for me.—My prognosis in the morning being unfavorable, I requested Dr. A.'s attendance. Upon consultation, we determined to give Mary very little medicine, and trust to blisters.

I will not trouble you or the readers of the *Lancet* with giving you the symptoms and treatment from day to day; suffice it to say, that the seat of inflammation and pain had been removed from a small space that could have been covered with the hand the day before, to the bowels, particularly the lower bowels. On the day Dr. A. saw her, *his* diagnosis was, of course, "inflammation of the bowels," Dr. D. concurring, which I was free to acknowledge *then* existed. An antiphlogistic course was continued without any apparent benefit. Our best directed efforts were of no avail. She continued to sink, and death took place on the morning of the 18th.

Eight hours after death, leave being granted, I made, in the presence of Dr. D. and Mr. F., a post mortem examination. I was anxious to see whether I had been mistaken in *my* diag-



noësis or not—it being, as I have before stated, an “acute inflammation of the ovaria.” On opening the abdomen, a vast quantity of offensive fluid escaped, evidently that which had once occupied the bowels. Upon attempting to remove them, (the bowels,) they told us “that inflammation had done its worst;” they would break or tear upon the slightest effort to remove them; but not being satisfied that it was “inflammation of the bowels *alone*” that had caused the death of my patient, I with much difficulty succeeded in removing them so far as to expose the right ovary. I found that organ completely disorganized—a mass, that to compare it would be useless; and, upon attempting to remove it, my finger came in contact with what appeared [at that time] to be a large thorn, but which, upon closer inspection, proved to be a *pin*, (the one I sent you by H. B. C.) an ordinary brass pin, completely coated over with hardened pus. It had evidently entered the ovary from the *bowels*, and had “worked its own passage” through that organ, and had been engaged in pricking the bowels; hence the “inflammation of the bowels,” which I am free to acknowledge existed a short time previous to the death of the patient, but which I must contend *did not* exist previous to the attempted exit of the pin from the ovary. Now the question arises, how came the pin in the ovary? Could it have been swallowed by the patient, and at that point nearest the ovary, penetrated the bowels, and entered the ovary? I think this the most probable conclusion. Then I can account for the diminished size of the ovary in the last attack. In the attack of October, the pin was entering the ovary. In the attack of December, it had completely imbedded itself; and, owing to the inflammation its presence produced, caused the enlargement of the organ that I have before spoken of, and which could be felt externally. And in the last attack, its attempted exit caused [by pricking the bowels] the “inflammation of the bowels,” of which the patient died.

In conclusion, let me ask, could any operation in surgery have saved the life of my patient.

J. F. FLEMING.

Elizaville, Ky., Sept. 1842.

ART. IV.—*Case of Ovarian Inflammation and Supuration cured.*

*To the Editor of the Western Lancet.*

SIR—If the following case possesses sufficient interest to merit publication, you are at liberty to use it :—

Aug. 1839, I was called to see Mrs. P., aged 36, of lymphatic temperament, and mother of five children. She informed me that since her last accouchment, (18 months ago,) her health had declined. She was attended by an ignorant quack, who treated her very roughly, viz: by grasping the pubis with both hands, and shaking her whole body, pulling at the presenting part, &c. &c.; in due time she was delivered of a still child.

She was attacked on the sixth day of her confinement with an acute inflammation of the stomach and bowels, and was attended by a practitioner of the neighborhood, of some merit, who used all the means usually had recourse to in such cases, and in a few days she was convalescent. Her health did not, however, return as was anticipated. At this time she was attacked with pain in the right iliac region, for which nothing efficient was done, and in a few days a tumor was discovered as large as an orange, very painful to the touch, firm and resisting; in ten days the pain suddenly subsided, and the tumor disappeared. On the next day pus made its appearance in the fecal matter. I was informed the tumor still existed, and went the round of suppuration and discharge once in a fortnight; in addition she has suppressed catamenia, deranged biliary secretion, constipated bowels, &c. &c.

I made an examination of the tumor. It was situated in the right iliac region; appeared to be fixed in its lateral and posterior margin, but not attached below, so that the fingers could be made to grasp it. It appeared to be firm and resisting.

I was satisfied that this was a case of inflammation and suppuration of the ovary, with ulceration of the bowels.

Although I could not anticipate a cure, I ordered such medicine as appeared to be indicated, for the restoration of the general health, that need not be more particularly mentioned. Suffice it to say that in four weeks I found my patient much

better, her bowels open and healthy; catamenia returned, appetite good, digestion easy. The tumor remained in statu quo, and I now for the first time directed my attention to its cure. I ordered the parts blistered with the ordinary fly ointment, the irritation to be kept up by dressings of iodine ointment, thrice daily.

The hydriodate of potassa was used internally in as large doses as the patient could bear, beginning with the minimum and increasing to the point that could be borne without pain; if pain was produced, it was stopped and the vegetable tonics used for a few days. After it had been used for about four weeks the tumor was sensibly diminished, and suppurated less frequently, and by continuing for a month longer a perfect cure was effected; nothing but a hard induration, free from pain, could be felt in the region of the ovaria. No pus has discharged since.

If I am right in my diagnosis, this case furnishes an example of the value of iodine in this hitherto incurable disease.

"Who flatters himself that he has removed a dropsy, resolved a scirrhus, or interrupted a suppuration in these bodies? None."—*Dewees on Females*, 249.

W. H. SCOBEEY.

Rossville, Aug. 29, 1842.

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ART. V.—*On Menstrual Tubercles. Translated from the work of Prof. Schoenlein, for the Western Lancet, by J. S. UNZICKER, M. D.*

This disease appears in females between the 20th and 30th year. It has this peculiarity, that it attacks the inferior lobes of the lungs; and shows itself first by disturbance of the catamenia.

The menstrual discharge either stops entirely, or continues sparingly, and instead of blood, mucus only is discharged. When this takes place a new series of symptoms make their appearance. The patient is afflicted with pain in the abdomen, (menstrual colic,) and in a few days has oppression in the region of the stomach, eructation, nausea, and at times even vomiting of blood. Generally, after the first and second day,



the affection extends itself further towards the breast, and produces dyspnœa, palpitation, especially on corporeal exertion; and cough with bloody expectoration. The blood has often that odor which is peculiar to the catamenia; also from the mouth the same odor is perceived. After this, vascular excitement follows, with accelerated pulse, a higher temperature of the skin, and increased thirst.

These phenomena continue as long as the menstruation ought to have lasted, three or four days; they then disappear slowly, only to return again after the elapse of twenty-eight days, when they occur in the same succession.

But the oftener these symptoms recur, the longer will be their duration upon the lungs, and the shorter will become the intervals. Finally they disappear entirely, and the symptoms of the lungs remain permanent, and the time for the catamenia is only indicated by exacerbations. The same may happen when real inflammation of the lungs supervenes.

Suppression of the menses from exposure to wet or cold, and morbid processes in the lungs, at the time of menstruation, through which the circulation is conveyed from the genitals towards the chest, will produce this disease. Therefore, any disease of the chest, which appears in young females at the catamenial period, however unimportant it may seem, should command our most serious attention, for menstrual tubercles, sooner or later, and often indeed in six or eight weeks, runs into phthisis pulmonalis.

*Treatment.*—The first object to be attained is, to bring back congestion to the pelvic veins; secondly, to restore the suppressed secretions. To accomplish this, pediluvia with nitromuriatic acid, mustard or ashes, may be used, after which friction on the feet and legs; also turpentine, with some lard, may be rubbed on the inner surface of the thighs (when there is no vascular reaction present,) and in torpid subjects aloes may be given, but not by the mouth, only as enemata, in the proportion of gr. v.—vj. to ʒij—ijj. of water.

This treatment, generally, after being pursued for four or five days, will lead from turgescence of the pelvic veins to menstrual congestion. It is then the object of the physician to

increase this congestion to a bloody secretion; which is accomplished by warm vapors, leeches to the genitals, dry cupping to the inner part of the thighs, &c.

If symptoms of active congestion towards the thorax have already appeared, then we must, besides derivations and drastics, resort at once to venesection.

The diet must be rigidly antiphlogistic in this form of tubercles. The air of the patient's residence ought to be deprived of part of its oxygen. It is therefore especially beneficial to those who sleep in stables, or rooms attached to them, where the air is contaminated by animal effluvia.

It is only in menstrual, puerperal and exanthematic tubercles that such air is advantageous; in all other forms it would be entirely improper.

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ART. VI.—*Removal of a large Pulsating Tumor from the arm, with division and reunion of the Ulnar Nerve.* By THOS. H. ROE, M. D., of Newark, Ohio.

The patient was a lady about 45 years of age, who had been afflicted with a pulsating tumor on the right arm for fifteen years. It arose from the inner edge of the biceps flexor, and the brachialis internus, commencing in the axilla, and extending to the elbow joint. The tumor, from its first formation, freely pulsated, and gave rise to almost every symptom of aneurism of the main artery of the arm. And by the pressure produced on the radial artery, its calibre was so altered that most professional gentlemen, who examined the case, at once pronounced it to be an aneurism with layers of coagulable lymph in its interior. The tumor having attained a very large size, and become painful, the patient requested a consultation as to the propriety of its removal by excision. After a careful examination into every circumstance of the case, it was decided that an operation must be resorted to, which took place the next day, as follows:

*Dissection.*—An incision was made in the middle axillary region, and extended the whole length of the tumor, laying bare

the sheath of the brachial artery, with its nerve and vein, to within two inches of the elbow joint. The next step consisted in clearing away the origin of the mass from the axillary plexus of nerves and cellular tissue; in doing which several small branches of the thoracic arteries being divided in crossing the axilla, considerable hæmorrhage followed, which required pressure on the subclavian above for a few minutes. In following the dissection downwards, the profunda artery came next into view, which was remarkably enlarged, passed into the top of the tumor, and spread out into a vascular plexus, which freely enastomosed with the recurrent branches of the brachial below, and caused the pulsation. The profunda was divided and tied about two inches from its origin, at its entrance into the tumor. The nerves were then traced from the axillary plexus and dissected separately from the morbid mass the whole length, with the exception of the ulnar, which was found passing through the lower half of the tumor. An effort was made to split it open and dissect out the nerve, but the tumor was entirely too hard to admit of such proceedings, although the patient, being in a state of syncope, was in a favorable condition for a difficult dissection. Without further reflection I at once divided the nerve, which gave considerable pain, and instantly aroused the patient. I think about four inches of the nerve was removed, and the effect was the loss of feeling in the little finger. The mass was then removed from its seat, and a flap preserved from the outside of the arm; the wound was dressed in the usual way, and united by the first intention. The tumor was twenty-two inches in circumference, and as long as the first incision. It is about five months since the operation: the patient's health is remarkably good, *and the feeling in the little finger is rapidly improving.*



## BIBLIOGRAPHICAL NOTICES.

ART. VII.—*A Treatise on the Diseases of the Heart and great Vessels, and other Affections which may be mistaken for them. Comprising the Author's views of the Pathology of the heart's action and sounds as demonstrated by his experiments on the motions and sounds in 1830, and on the sounds in 1834—5.* By J. HOPE, M. D., F. R. S., of St. George's Hospital; formerly Senior Physician to the St. Marylebone Infirmary; Extraordinary Member, and formerly President, of the Royal Medical Society of Edinburgh, &c. First American from the third London edition. With Notes, and a detail of recent Experiments—By C. W. PENNOCK, M. D., Attending Physician to the Philadelphia Hospital, Blockley.—*Philadelphia, Haswell and Johnson, 1842, pp. 572.*

It affords us great pleasure to present to our readers a notice of the splendid work of Dr. Hope. The appearance of this work constitutes an important era in the history of cardiac affections. The old authors had some imperfect conceptions of diseases of the heart, but possessing no accurate ideas of the natural sounds of the organ, they failed to detect those arising from disease, and consequently the whole subject remained obscure and unintelligible. The celebrated Laennec, an acute and original observer, made many important discoveries in relation to diseases of the heart; but he, too, failing to comprehend its natural sounds, as elicited by auscultation and percussion, was unable fully to grasp the subject. Numerous experimenters have been engaged in illustrating this subject, and the most successful one of that number is Dr. Hope. As early as 1830 he commenced a series of experiments on living animals to demonstrate the physiology of the heart's action and sounds. These experiments were completed in 1835. Convinced that he had arrived at correct conclusions, in relation to the physiology of the heart's motion and sounds, Dr. Hope applied these views to pathology, and was soon able to arrive at the most satisfactory and brilliant results, which placed the subject among the permanent and certain achievements in practical

medicine. Being appointed physician to St. Marylebone Infirmary and St. George's Hospital, he enjoyed the most favorable and extensive opportunities of testing the accuracy of his views, and of making a practical application in clinical medicine. During the eight years preceding the publication of his work, 15,000 hospital patients came under his care, and of this number seven per cent., making 1050, labored under organic disease of the heart! These, added to his private practice, furnished all that could be desired, and presented the means of obtaining practical facts, that few have enjoyed.

The work is divided into six parts. Part I. embraces anatomy and physiology of the heart, which includes the experiments before alluded to, the pathological phenomena of the heart's action and sounds, and auscultation applied to pregnancy. Part II. inflammatory affections of the heart and great vessels—pericarditis, carditis, endocarditis, and acute arteritis. Part III. organic affections of the heart and great vessels—hypertrophy, dilatation, softening, induration, adipose degeneration, osseous productions, atrophy, diseases of the valves and orifices, aneurism of the aorta, malformation of the heart. Part IV. nervous affections of the heart—neuralgia, palpitation, syncope. Part V. miscellaneous affections—polypus of the heart, displacements of the heart, hydro-pericardium, pneumo-pericardium. Part VI. cases and description of plates.

These topics are discussed in a full and elaborate manner, elucidating every point of importance; and carefully comparing his own opinions with others, the reader is put in possession of all that is definitely known on the subject.

Dr. Pennock's additions to the original work increase its value and interest. It is satisfactory to know that accurate and conclusive experiments on the heart's action were repeated by American physicians—Drs. Pennock and Moore—which fully sustain those of the author. Dr. P. has also interspersed through the work much valuable original and selected matter, which renders it remarkably complete.

Twenty-two lithographic plates, drawn from nature by the author, illustrate the original work, and two copperplate engravings are added by the editor.

In view of the great frequency of cardiac affections, and their fatal tendency if not arrested, the work of Dr. Hope becomes a desideratum in practice, alike necessary for the reputation of the practitioner and safety of the patient. The work should be in the possession of every practitioner, and should receive careful and thorough investigation.

The excellent mechanical execution of the work is highly creditable to the enterprising publishers.

The author of this work was enthusiastically devoted to the profession, and his industry and perseverance are worthy of imitation. In a memoir of Dr. Hope, Mrs. Hope states, that on arriving in London he came to the conclusion that the first twenty physicians divided £80,000 annually between them, and that a successful practice might be obtained, equal to £4,000 per annum, in about five years. The first two years he made £200 a year. His practice gradually increased for twelve years, when he found himself a successful author, and actually receiving his £4,000 annually. The last effort of Dr. Hope was a paper on the treatment of chronic pleurisy, with effusion. It was commenced during his last illness, and being unable to write, he dictated it in the form of notes, which was completed only four days before his death. He died on the 15th of May, 1841, of pulmonary consumption.

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ART. VIII.—*The Dublin Practice of Midwifery*.—By HENRY MAUNSELL, M. D.; with notes and additions by CHANDLER R. GILMAN, M. D., Professor of Obstetrics, and the Diseases of Women and Children in the College of Physicians and Surgeons, New York. *New York, Wm. A. Le Blanc, 1842, pp. 292.*

We are indebted to Professor Gilman, for a copy of this very neat and useful manual. The author was induced to prepare the work for the use of students, from the consideration that the size and price of the larger works rendered them oppressive and inconvenient. He was also desirous of making some additions, in which Dublin practice differed from the others. His



object was to make the work eminently practical, and for this purpose the results of his own experience are given, which are more entitled to confidence than vague principles, passed from hand to hand, without due scrutiny.

Professor Gilman was induced to become the editor of an American edition, in consequence of the opinion repeatedly expressed by his class, that it was "just what they wanted." The work embraces all the subjects properly belonging to this department, which are arranged in a convenient form, and discussed in a clear and concise manner.

On the subject of *Difficult Labor*, the editor introduces, as one cause, obliquity of the uterus. This cause is very common, and we are apt to think as commonly neglected, especially by the inexperienced practitioner. The uterus is extremely liable to partake of more or less obliquity, inclining most frequently to the right side, often to the left, and occasionally forward. To remedy this, the French recommendation, to drag the os uteri towards the centre of the pelvis, is very properly condemned; and simply a change of position as judiciously recommended.

Some very excellent remarks are made by the author on applying the binder, or bandage, after the expulsion of the child. He advises its application immediately after the fœtus is expelled, the nurse keeping her hand constantly applied over the uterus, until the bandage is made secure. By attending to this simple rule, a regular and permanent contraction of the uterus will be more certainly secured, the placenta expelled, and hæmorrhage prevented. Some may suppose a reference to this subject unnecessary; observation, however, has produced the conviction, that this duty of the accoucheur is often performed in so bungling a manner as to render its effects nugatory, if not absolutely pernicious. It is usual in this country for practitioners to defer the application of the bandage until *after* the expulsion of the placenta, and then, perhaps, entrust it to the nurse. The delivery of the child removes from the system such an immense pressure, that its effects on the nervous system are always considerable, frequently very great, and occasionally alarming. If the application of the bandage is delayed until after the delivery of the placenta, great mischief may result to the patient;

and we are fully satisfied, that neglect in this respect has been the cause of some of those sudden and unaccountable deaths that take place, without hæmorrhage, or other visible accident, immediately after delivery. A bandage should always be applied immediately after the expulsion of the fœtus, and made as firm as the comfort of the patient will permit.

On the subject of *Puerperal Convulsions*, the author remarks, that the use of nauseating portions of tartar emetic he has sometimes thought did good. In the 5th No. of the Western Lancet, Dr. Tellkamp details the treatment of several cases, in which, after depletion, general and local, and injection of water and vinegar into the uterus, ipecacuanha was given in small doses, until nausea was produced, and then a solution of tartar emetic was administered, until full vomiting ensued. This practice seemed to be attended with very satisfactory results. As a general rule, nauseants may be resorted to in these cases with safety and benefit.

The author adds a note on the means of resuscitating still-born children, in which we think exceptionable views are taught. He advises heat to be applied by holding the child before a fire; the chest and abdomen well rubbed with warm dry flannel; and the nostrils and fauces tickled with a feather dipped in spirits. Objections are strongly urged against inflation of the lungs; admitting, however, that they may be distended with air *once or twice*—a mode of procedure that would prove entirely futile if the remedy is demanded at all. Inflation of the lungs for the purpose of resuscitating still-born children, is unquestionably a *sine qua non*. All other means are comparatively insignificant. True, the application of *dry* heat, friction, &c. should not be neglected, although merely auxiliary to inflation. The *mode* of inflating the lungs is important. The bellows should not be used, as too much force may be employed; and the introduction of *cold* air will be liable to excite bronchitis. The best mode, then, is, that the operator should produce the inflation from the air of his own lungs. The small deficiency of oxygen and excess of carbonic acid, will be productive of little harm, compared with the benefits and safety of *warm air*.

The Dublin Practice of Midwifery, as a whole, possesses strong claims upon the attention of the student and young practitioner. Being clear and concise in style, it contains the *wheat* of the science divested of its chaff. Accurate and orthodox, in the main, it will relieve those for whom it is designed from the embarrassment and labor of consulting large tomes on every occasion.

The Notes and Additions by Professor Gilman, are numerous and judicious. They evince an intimate acquaintance with the subject, and give evidence of sound practical views. We anticipate a ready sale for this neat and useful little book.

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ART. IX.—*Proceedings of the Medical Convention of Ohio, held in Cincinnati, on the 16th, 17th, 18th, 19th, and 20th of May, 1842; with papers selected from those read before that body.* pp. 51.

After an unexpected, and, as we suppose, unnecessary delay of nearly five months, these proceedings have at last made their appearance. Eighty-five members were reported by the committee appointed to ascertain who were entitled to membership. This is a very respectable number, and is good evidence of the popularity of the Convention.

We note such portions of the minutes as seem to possess interest. A committee of seven was appointed to select and commission a delegate to attend the sittings of the Medical Section of the British Association in 1843. We have not learned that a selection has yet been made by the committee.

Dr. Drake offered the following resolutions, which were unanimously adopted; and, in accordance with the last one, a memorial to Congress was reported, and adopted by the Convention:—

“*Resolved*, That we regard the continued increase of patent medicines, and other nostrums not patented, as a great evil to the community.

“*Resolved*, That the practice among clergymen of giving certificates and other recommendations, to the compounders and venders of nostrums, is one cause of their pernicious popularity, and deserves to be reprobated.



*“Resolved,* That the physician who puts forth a nostrum, patented or unpatented, or allows his name to be used, as the inventor of a nostrum, should be regarded as unworthy a seat in this convention.

*“Resolved,* That a committee of three be appointed to prepare and report to this convention, a memorial to Congress, praying for a repeal of that part of the patent law, which relates to medicines.”

It is proper to remark, that the memorial above referred to was forwarded to Congress, and the Secretaries were informed that it was referred to an appropriate committee in each House.

We call the attention of the profession to the following request, which is printed in the proceedings of the Convention:—

*“SNAKE BITES.*—Dr. Drake respectfully requests the members of the Convention, and the readers of its proceedings, to favor him with such facts concerning the bites of our venomous snakes, as may have fallen under their own observation, or that of persons qualified to observe. He is especially desirous of learning whether the symptoms produced by the bite of the rattle snake, the copper head, and the prairie rattle snake, are the same; whether there is an annual recurrence of any of these symptoms; and to what extent confidence should be placed in the efficacy of those native plants which have been recommended as antidotes.”

The following resolution was submitted by Dr. Gans, and adopted by the Convention:—

*“Resolved,* That the members of this Convention be requested to lay before the next Convention, a list of medical and surgical cases coming under their observation, and a full history of such of them as they may consider interesting to the members of the profession.

*“On motion of Dr. Eberle,*

*“Resolved,* That the members of this Convention be requested to make known to the next meeting, all new remedies which may come under their observation.”

In looking over the papers selected, we find but two: one on the Topography, Climate and Diseases of Scioto County, by Dr. Hempstead; and the other on the Causes and Treatment of Milk Sickness, by Dr. Dawson.

Dr. Hempstead's paper embodies much interesting and im-

portant matter. We refer to some of the most interesting points, and extract as much as our space will allow.

In relation to the climate, it is stated by the writer, that previous to 1820 the winters were not so cold, nor the summers so warm, as they have been since that period. In 1824 the thermometer ranged from  $20^{\circ}$  in the winter to  $90^{\circ}$  in the summer. In 1841, from  $1^{\circ}$  to  $94^{\circ}$ —1839 presenting the greatest extremes, the lowest 0, highest  $100^{\circ}$ .

The prevailing winds, for the first twenty-four years, were westerly; but in 1838 it was discovered that they were decidedly on the decrease, and the easterly winds by 1840 became most prevalent.

The following observations will be read with interest:—

“During the prevalence of an epidemic, or any considerable amount of disease, the north winds have been found to produce a great increase of cases, which might be accounted for from their passage over the miasmatic valley of the Scioto, were it not from the fact that easterly winds produce the same effect in as great if not greater degree. The only solution of this difficulty, which appears any way satisfactory, is, that the westerly winds traversing the miasmatic portions of the Ohio and Scioto valleys produce a strong predisposition to autumnal disease, while the easterly and the northerly winds, from qualities which they possess independent of malaria, act as exciting causes by which disease is more speedily developed. That this is a miasmatic region is evident from the prevalence of intermittent and remittent fever, the former of which exists in all of its known varieties. The writer has seen in this valley, all the forms of this disease which are produced by the impure air of the Pontine marshes, and Campagna di Roma, and which, without proper attention, are equally fatal. That the sources of miasm, as they are understood at the present day, existed in great abundance in the first twenty years of the settlement of this county, cannot be questioned; and that they have ceased to exist to as great an extent in this region in the last eighteen years, as in any other country upon which the sun shines, is equally certain; yet intermittents are infinitely more prevalent of late than in former years. Indeed many facts in possession of the writer make it extremely doubtful in his mind whether the sources of miasm are correctly understood. It seems to be conceded by all, that malaria is the cause of the most numerous class of diseases of the great Western Valley; and all appear willing to rest here, without pursuing this subject with that

careful and patient investigation which characterizes many other subjects connected with our profession."

In relation to the cause of malaria, the author does not seem to be satisfied that the commonly received doctrine is true. He says,—

"To identify this all-pervading influence, to give it a local habitation and a name, are efforts worthy the united energies of the medical community. And how long shall we be content to know it exists only by its effects, and rest satisfied in counteracting those effects, while we are entirely ignorant of the first principles of the cause which produces them? It has been urged, yea settled, that heat, moisture, and dead vegetable matter, will invariably produce this deleterious agent; yet how often do we find the predictions of physicians fail, even when these agents appear to be present, and under the most favorable circumstances for the generation of this aerial poison. At other times, when the temperature, moisture, and vegetable matter, would seem to indicate a state of atmosphere as pure as the mountain breeze, our pleasing anticipations of health and happiness are blasted by the deadly simoon of the autumn, which, like the wind, "bloweth where it listeth, and thou hearest the sound thereof, but canst not tell whence it cometh or whither it goeth;" at one time dealing death and destruction in the high and elevated regions of health, at others sweeping with fearful strides through the lower and more fertile but less salubrious valleys."

The following extract will convey an accurate idea of the character of fever prevalent at the period referred to:—

"The early part of the year 1821 was moderately wet—June excessively so. The first week in July became dry, and continued so till November. The first two weeks in July ushered in a bilious remitting fever, which continued till the first of August, when it changed to an intermittent, which was of a more fatal character. The symptoms were a light chill, of from one to three hours duration, followed by a violent fever, which frequently continued from eighteen to twenty hours, and in extreme cases three or four days. Commonly, in the violent cases, there was an intermission on the fourth day of twelve or twenty-four hours, and the patient appeared convalescent; but on the fifth he was attacked by a more violent paroxysm than ever. The fever now took the double tertian type, with alternate paroxysms alike, and an intermission, of from six to



eighteen hours; yet with this intermission, and in the intervals, many, although they had some appetite, and were even able to walk about the room, died. The symptoms preceding death were coma, subsultus, involuntary discharges, and diarrhœa. The epidemic was general. Emetics, cathartics, febrifuge medicines, during the fever, and tonics in the intervals, were found most successful. In all cases where the lancet was used the patients uniformly died. Some cases of dropsy followed during the winter. A few of the cases were accompanied by '*black vomit.*'"

The following remarks on bilious pneumonia will be read with interest:

"The diseases of the years '40, '41 and '42 were of a typhoid character, and bilious pneumonia peculiarly so. Heretofore, until the winter of '41 and '42, this disease was confined exclusively to the slopes connecting the hills and bottoms and to the table land, but had never appeared in the valley proper. The past winter it was confined almost exclusively to the town of Portsmouth and the low valleys. The severe cases were all attended by a dry black tongue, coma and delirium. A prompt and decided treatment with emetics, mercurial cathartics, sudorifics, with antimonials and blisters, was found satisfactory, provided the lancet was not used. The writer has never seen a case benefitted by direct depletion. During the last winter, when it continued from December to April, over three hundred cases passed through his hands without blood-letting—the result was entirely and perfectly satisfactory. An occasional case of pluerisy modified by biliary derangement, may be noticed during the prevalence of the pneumonic affection, but as it differs little in its symptoms and none in its cause and treatment, it is not deemed necessary to go into particulars."

The author seems to have had extensive experience in gangrenopsis, as shown by the following paragraph:

"**GANGRENOPSIS**—Or gangrena oris, is a disease of rather frequent occurrence, the writer having seen some thirty or forty cases, and from the season of the year in which it occurs, as well as the prevailing form of disease at the time, he is clearly of the opinion that it owes its origin to the same causes that produces intermittents, modified by constitution and surrounding circumstances. It has never occurred here in any except the decidedly scrofulous, and rarely under any other circumstances than at the close of a protracted disease; either intermittents, whooping cough, measles, or scarlatina—and always

confined to the autumn. In 1831 the writer reported several cases, which were published in the third volume of the Boston Medical and Surgical Journal. Since that period, he has had an opportunity of seeing this disease and treating it somewhat more successfully than heretofore. The strongest mineral acids, escharotics and tonics have produced the most favorable results. It may be observed that the muriated tincture of iron used full strength appears to produce a peculiarly beneficial effect as a local application, while quinine should be taken internally to the full bearable extent. Cancrum oris was most prevalent during the epidemic years, '21, '22, '23 and '24; also in '28, '35, '38 and '41, in which last year it supervened upon protracted cases of measles combined with intermittents. All the cases occurred in children under the age of thirteen years, except one which was in an adult, a mother of a family. The writer is fully satisfied it has in no instance under his observation been produced by mercurials; on the contrary, some cases manifestly occurred for the want of them."

Dr. Hempstead remarks, that an original case of tubercular phthisis has never occurred in this locality. This is an important fact. This is a highly malarious district, and diseases depending on that cause prevail annually; yet the effects produced on the system does not seem to excite or predispose to phthisis. These observations would seem to furnish conclusive evidence that malaria does not predispose to phthisis, but would rather indicate that it prevented the development of that condition of the system. It is also remarked by the author, that acute rheumatism, which formerly was seldom seen, has, for several years past, become more common. It would be highly interesting to ascertain whether diseases of the heart, especially pericarditis, have increased in the same proportion.

Dr. Dawson's paper on the Causes and Treatment of Milk-Sickness, contains much valuable information, derived from personal observation.

In regard to the place where the disease prevails, we find the following:

"In discussing 'the place where Milk-sickness occurs,' it may safely be submitted, that the disease is one peculiar to the Mississippi Valley. Some districts from Georgia to the Lakes, and from the Alleghany mountains to the territories of the 'Far West,' have occasionally been visited with this disease, while

other districts, perhaps much larger in extent, have been entirely exempt. But to narrow down the inquiry as far as possible, so as to get at the exact locality, is a task, which in the present state of our knowledge is by no means free from embarrassment.

“Dr. Seaton, in his late work entitled ‘A Treatise on the Cause of Milk-sickness,’ says ‘the pure limestone regions are exempt. A mixture of lime and sand stone with mineral substances, does sometimes afford the disease; but the pure sandstone formation, connected with the ores of metals, is the distinguishing geological feature of those regions where the disease is most abundant.’

“In his memoir on milk-sickness, read before the Medical Convention of Kentucky, January 4th, 1841, Dr. Drake, speaking of the topographical aspects of the districts in which the disease prevails, says, ‘We recognized six varieties. First, *prairies* — second, *flats* adjoining these — third, *barrens* — fourth, *hills*, near the Little Miami and Scioto rivers, and along their tributary streams — fifth, *slashes*, — sixth, *table-lands*.’ ‘Now,’ says Prof. Drake, ‘it is the belief of all the people of the district that the disease is never generated in the four former localities, but that it originates in the two latter—the table lands, and the slashes interspersed through them.’

“From this it will be seen that Dr. Seaton assigned no particular locality to the disease, but presumes that it may occur with equal facility wherever the sandstone formation is the distinguishing geological feature. While Prof. Drake’s researches limit it to the *table-lands* and *slashes*, without any regard to geological peculiarities.

“Our own observations have been principally made in the same regions through which Prof. Drake travelled. The eastern part of Greene county, where I reside, is in the Virginia Military District of this State, between the Little Miami and Scioto rivers. It is in latitude 39 degrees and 40 minutes. This region is situated about 500 feet above lake Erie, and 1000 feet above the surface of the ocean. Upon the table lands dividing the waters of the Miami and Scioto rivers no stone of any kind except *boulders* can be found. The disease, however, in this particular locality has prevailed both in man and the inferior animals. As we approximate the small streams, which are tributaries to these rivers, we find occasional out-croppings of both the blue limestone and the sand stone, and in several places large beds of calcareous tufa. But the localities of these out-croppings are exempt from the disease. On the plateau separating the waters of the Little Miami and Mad river, the



disease prevailed last season. In this place, which is also in Greene county, the geological characteristics are similar to those related in my own immediate vicinity. It is worthy of remark here, too, that in the valleys below presenting the out-croppings of limestone, sandstone, &c., no traces of the disease were observed."

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"No little testimony, however, can be obtained in our neighborhood, going to show that the disease is never generated in the slashes at all. My own observations are all in confirmation of this position; and there lives in the district an old gentleman, by the name of Jacob Little, who has had an experience of twenty years in Milk-sickness. He told me that during a number of years after he moved to the country, he sustained heavy losses of stock from the trembles, such as sheep, hogs, cattle, and horses. These losses took place on woods pastures, which consisted of the table lands and the slashes interspersed through them. From some accidental circumstance he was induced to believe that the disease was contracted on the ridges of these pastures, and that no danger need be apprehended from the slashes. He accordingly fenced in a large slash to itself. This he continued to pasture for a number of years without any injury whatever, to any kind of stock.

"If these views be correct, we have the occurrence of the disorder limited to the ridges, timbered principally with the different species of *quercus*. Most of the farmers with us are fully convinced on this point. And all the observations made by us, as before remarked, go to sustain the correctness of the position."

The time when the disease prevails is thus stated:

"From all the information that could be collected, from the first settlers of the country and those inhabiting it at the present time, it appears that the greatest prevalence is confined to the months of August, September, October, and November. It has prevailed however to a limited extent in May and June. And some cases are said to have taken place in stock during the months of January and February, which were attributed to the hay on which they were fed. These latter cases, however, are of doubtful existence, the evidence on which they are asserted being of a vague and insufficient character."

The cause of the disease, Dr. D. thinks, still remains an inscrutable mystery. Some attribute it to the rhus toxicodendron; some to arsenic, or other minerals; while many believe it to be

atmospheric, or malarious. We believe there is as much evidence in favor of the latter as any other *theory*.

Dr. D. states that females, during lactation, are always exempt from the disease, but at other periods they are liable to be attacked. He has never known the disease in a child under one year old.

The characteristic symptoms noticed by the author, are, muscular debility; tongue slightly coated with white fur; temperature of the surface but little altered; pulse but little changed from its natural condition; violent retching and vomiting; obstinate constipation; great thirst; and in fatal cases coma comes on.

The treatment, which is more important than speculating about remote causes, is thus stated:

**TREATMENT.**—The indications to be fulfilled in the treatment of Milk-sickness are matters upon which there are little diversity of opinion, both among the physicians and the people throughout the district. Vomiting and constipation are regarded by all as the most prominent and urging in their demands. The remedial agents, too, designed to accomplish these objects, share in a like unanimity of sentiment. After having tried and experimented with all the cathartics found in the catalogue, the mass of evidence preponderates in favor of the mercurial; and calomel, among these, generally gets the preference. It allays the irritability of the stomach, and purges the bowels; besides it is not so easily vomited up. Next in importance to purgatives are *enemata*. They are always in demand for the purpose of inviting the cathartics to immediate and prompt action. These should be continued until the first passages are entirely cleared, which in the first stages is generally accomplished in a short time, but in the latter it requires eight, ten, and even fourteen days. Next in importance to cathartics are *blisters*, *sinapisms* and *friction* to the general surface. There is in general no tenderness in the epigastrium. A great uneasiness and intolerance to the weight of bed-clothes is however always present. These are relieved by blisters and sinapisms applied to the part. They too assist in alleviating the irritability of the stomach, so that medicines are retained better by that organ. Frictions to the general surface, when the disease is uncomplicated, have in a few instances produced very desirable results. The focus of excitement appears to be in the stomach altogether, and by creating one in the capillary circulation of the general surface, the

effect is always found beneficial. *Opium* in combination with calomel to allay irritability of the stomach, has been prescribed in some cases with apparent advantage, but the suspicion that it would increase the constipation has prevented most practitioners from giving it a thorough trial. *Mucilaginous drinks* are generally looked upon as auxiliaries in the treatment. In the hands of some they have stopped the vomiting entirely, or rather the vomiting ceased after they were administered. Two cases, that I myself treated, had resisted all the means addressed to them to allay vomiting, for some time, when on the administration of gum water the vomiting ceased.

The following are the general conclusions of the author:

1. The places where Milk-sickness is generated are the oak plateaus.
2. The time when the disease most generally occurs is in the months of September, October, and November.
3. *The cause is still unknown.*
4. The symptoms mostly entitled to the character of pathognomonics, are muscular debility, thirst, vomiting and constipation.
5. In the treatment, the principal reliance is on mercurial cathartics, all other things being regarded as mere auxiliaries.
6. The prevention of the disease consists in reducing the land to a state of cultivation.

We apprehend the members of the Convention generally will be somewhat disappointed in the contents of the published proceedings. It will be recollected that, in the second number of the *Lancet*, a notice of the Convention was inserted, in which fourteen papers were mentioned as having been read before that body. It was also remarked that the papers were highly creditable to their authors. Then why have all these papers but two been excluded? By a resolution of the Convention a committee of five was appointed to examine the papers and determine which were worthy of publication. The Convention gave no specific instructions to the committee, consequently their authority in regard to essays was sovereign; and they exercised it to the exclusion of all the papers but two that were submitted to them.

There seems to be an inconsistency involved in the action of the Convention on this subject. It will be remarked, that the



minutes show resolutions directing the publication of all, or nearly all, the papers read : no opposition being made at the time, we have a right to presume that the will of the Convention was fairly expressed. At another period, however, the resolution appointing a "board of censors" was passed, notwithstanding it had already been determined by vote, that the papers should be published.

We fully agree with the committee, that papers read to the Convention should, as far as possible, contain original matter ; and that this should have particular reference to topography, changes of climate, histories of epidemics, post mortem examinations, introduction of native medicines, &c. But original matter cannot always be commanded ; nor can it reasonably be expected that new facts and principles, true and important, are of every day occurrence. We presume, then, that particular points in medicine, which are supposed to be too much neglected, or others of doubtful character too much acted on, are legitimate and profitable subjects for medical essays. In addition to this, it may be remarked, that the published proceedings of previous Conventions contain highly valuable papers, which come under the second class adverted to above, and which do not contain strictly original views.

In view of all the facts we cannot avoid the conclusion, that the committee have exercised their authority much more rigidly in excluding papers, than was anticipated by the Convention. The resolutions ordering the publication of papers should, we think, have been received, in the absence of specific instructions, as some evidence of the will of the Convention on that subject.

There is one class of papers which we are decidedly of opinion the committee had no authority to exclude—we refer to *reports*. At the last Convention several gentlemen were appointed to *report* on particular subjects ; and, having fulfilled the appointment, the reports were *accepted*. This, it seems to us, constituted them a part of the proceedings, as much so, as the minutes, and consequently entitled them to publication ; and after having adopted them, the Convention alone was accountable for their character.

If every thing is to be excluded from publication which is not strictly original, and if papers of the character of those read to the last Convention are in future to be rejected, we apprehend that these meetings would soon cease to take place. We trust, however, that this occurrence will not operate to abate the zeal of the profession, either in regard to attending the Convention, or presenting papers for its consideration.

For the information of those not personally acquainted with the committee, we deem it proper to state, that it was composed of intelligent, highminded, and honorable men, who were doubtless sincerely desirous of promoting the great ends of the Convention, and the general interests of the profession; and hence, if errors were committed, they arose rather from over anxiety to faithfully discharge their duty, than from any design to impair the usefulness of the Convention.

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ART. X.—*Proceedings of the Medical Society of the State of Tennessee, at the thirteenth Annual Meeting, held in the City Hall, Nashville, May, 1842.*

At the thirteenth annual meeting of the above society, twenty-six members appeared and registered their names. Dr. A. H. Buchanan, of Columbia, was elected President; Dr. George Thompson, of Rutherford County, Vice President; Dr. I. Shelby, Treasurer; Dr. Waters, Corresponding Secretary; and Dr. R. Martin, Recording Secretary. A committee was appointed to obtain a suitable piece of plate, to be presented to Professor Yandell, as the award for his Prize Essay on Fever, last year.

Dr. Wilson, being absent, was fined ten dollars; Dr. Edwards, two dollars; Dr. Gooch, two dollars; Dr. Irwin, two dollars; Dr. Curry, two dollars.

This rigid enforcement of rules speaks well for the energy and perpetuity of the Society. Men who, through indolence or indifference, fail to comply with the conventional rules of associations voluntarily formed, should be made sensible of their apathy in a way not to be misunderstood or forgotten. We venture the prediction, that the delinquents in this instance

will faithfully remember and attend the *fourteenth* annual meeting. We doubt not but such energy will impart a tone and vigor to the society of the most enduring character.

A number of cases were reported, and the President read an elaborate essay on fever, advocating the doctrine that it is always symptomatic. The President dissented from Broussais in the opinion that the irritation which produces fever is *always* in the stomach and bowels, but believes that it is *most frequently* located in the gastro-intestinal mucous membrane. If the medication of the author is as much fashioned after the French therapeutics as his theory, it would be but poorly adapted to the violence of southern fevers. However much we may differ with the author in his views of fever, we are free to say, that the address evidences much research and profound thought on the part of the writer.

Judging from the minutes before us, the Society had an agreeable and profitable meeting; and we sincerely hope, that each returning May will find this Association enjoying its present elevated position.

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#### ART. XI.—*New Books.*

The following forthcoming works are announced by Messrs. Lea & Blanchard: A System of Therapeutics and Materia Medica, by Prof. Dunglison: A Treatise on Diseases of Females, by Prof. Meigs: A new work on Chemistry, by Prof. Bache: The Principles and Practice of Surgery, by Prof. Mutter: An Atlas of Plates, illustrative of the principal operations in Surgery, under the superintendence of an American Surgeon. Our Eastern brethren exercise laudable industry in the way of book-making, and deserve the warmest approbation of the profession for their efforts to improve its condition. Western men publish but few books, but we believe most of those that have been issued, were well received by the profession. We see it stated in a published syllabus of lectures, that Prof. Harrison, of this city, has in contemplation the publication of a system of Materia Medica, at some future period.



## MISCELLANEOUS SELECTIONS AND INTELLIGENCE.



1. *Benzoic Acid in Urinary Disorders.*—Dr. Snowdon, Surgeon to the United Hospital, Bath, reports a number of cases of diseased bladder successfully treated with this article. It was given in cases characterized by great irritability of the bladder, muco-purulent deposit in the urine, frequent desire to evacuate the bladder, enlarged prostate, slight hæmorrhage, &c. The benzoic acid was given in combination with balsam copaiba, and hence, as suggested by the reporter, it is difficult to determine the exact influence of the acid. The following is the form in which the medicine was given: Benzoic acid, one drachm; balsam copaiba, half an ounce; yolk of egg, enough to form a mixture with seven ounces of camphor mixture. Two tablespoonfuls to be taken thrice a day. This preparation succeeded after all others had failed.

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2. *Rhubarb an application to Ulcerated Surfaces.*—Dr. Markwicz states, in the London Medical Gazette, that while externe at the Male Venereal Hospital, Paris, a case of severe and extensive ulceration of the abdomen, which had resisted every plan of treatment adopted by M. Cullerier, for four months, was cured in six weeks by the application of powdered rhubarb. A small quantity of the powder was applied at once, on account of the irritation produced, but the amelioration was decided, the sloughing ceased, and the wound healed kindly.

Would the same treatment benefit ulcers not venereal?

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3. *Anterior Columns of the Spinal Cord.*—Dr. Stelling, of Cassel, divided the white substance of the anterior part of the spinal cord in frogs, and observed, that if the gray central part was not injured, the will still controlled the muscles which are supplied with nerves from below the wounded part.

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4. *On the External Application of Croton Oil.* By M. BOUCHARDAT.—Whenever it is required to use this method of counter-irritation, M. Bouchardat strongly recommends a plaster which has been much used by M. Chomel at the Hotel Dieu, and which is thus prepared:—Four parts of diachylon-plaster

are melted at a very gentle heat, and, while it is half liquid, one part of croton oil is mixed with it, and the mixture is then spread in a thick layer on calico. Pieces cut from this may be applied to the skin, like ordinary sticking-plaster, and quickly produce an active irritation. — *Maryland Med. and Surg. Jour.*, from *Bulletin General de Therapeutic.*, March, 1842.

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5. *Use of the Magnet in Rheumatism.*—Five cases of rheumatic affection are published in the Annals of the Medical Society of Ghent, in which, according to Dr. Beydler, the application of the magnet was very serviceable. The diseases were sciatica, rheumatic ophthalmia, and other pains which had resisted other modes of treatment, and which were diminished or removed by frictions with the magnet. One of these patients, after the cure had been effected, died suddenly, probably from rupture of an old aneurism; and another was struck with apoplexy. M. Dumont has ascertained that both poles of the magnet should not be applied at once, and narrates a case of neuralgia of the wrist, in which the north pole of the magnet removed the pain, and the south reinduced it.—*Med. Exam.*, from *Prov. Med. Jour.*, June 25, 1842.

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6. *Injections of Belladonna in Strangulated Hernia.* By Dr. F. FISCHER, of Tambach.—In September, 1838, a woman, aged 68, experienced a swelling in the right groin, during the occurrence of a severe cough; this was followed by pain and tenderness in the part, vomiting, sleeplessness, and pain in the abdomen. Examination shewed a strangulated hernia, which could not be reduced. The author directed injections of belladonna (one scruple of the leaves in each) to be administered. After three clysters the taxis was again employed, and the hernia returned without difficulty.

A man, aged forty years, had from his youth suffered under an inguinal hernia of the right side, which became incarcerated whilst he was loading a wagon with wood. After taxis, bleeding, cold applications, and other means had been tried without success, three injections of belladonna were given. The effect of these clysters shewed themselves after a while by symptoms of narcotism, as restlessness, delirium, dilated pupil, &c., which subsided under the employment of cold applications to the head. Reduction was then again attempted, and the hernia returned with very little trouble.—*Med. Exam.*, from the *London Med. Gaz.* from *Schmidt's Jahrbucher.*

7. *Physiology of the Saliva.*—The following is the summary of a series of papers on the physiological uses of the saliva :—

*Active uses.* 1. To stimulate the stomach and excite it to activity by contact. 2. To aid the digestion of food by a specific action upon the food itself. [The author here adds in a note, that, during the act of assisting the digestion of food, *the saliva is itself digested.*] 3. To neutralize any undue acidity in the stomach by supplying a proportionate alkali.

*Passive uses.* 1. To assist the sense of taste. 2. To favor the expression of the voice. 3. To clear the mucous membrane of the mouth, and to moderate thirst.—*Maryland Med. and Surg. Jour.*, from *Lancet*, [by Dr. WRIGHT,] May 21, 1842.

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8. The public newspapers state, that a singular and fatal disease, in part resembling bloody murrain, prevails among the cattle at St. Charles, Mo. Three Germans, who had skinned a cow which had died of the disease, were attacked with blisters and great swelling of the arms—probably *malignant pustule*. It is not stated that any deaths occurred.

In Mason county, Ky., one death and several violent attacks of disease recently resulted from the same cause.

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9. *A Fortunate Medical Writer.*—Dr. Usher Parsons, of Providence, has probably taken more premiums for acceptable medical essays, than any other physician in the United States. We used to keep the tally, but no longer think of doing so. In the Transactions of the Medical Society of Rhode Island, is the following intelligence, under date of Sept. 8th:—"The prize medal of one hundred dollars, from the Fiske Fund, for the best treatise *on Diseases of the Spine*, was awarded Usher Parsons, M. D., of Providence, former President of the Society." In order to encourage others, who may not think it worth while to contend for the honor of a future prize, for fear that the old champion might again be in the field, it might be well to have a proviso, thus—*Dr. Parsons will not write this time.*—*Boston Med. & Surg. Jour.*

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10. *Vaccination in France in 1840.*—The number of vaccinations were 525,509. Of 45,060 cases, the results of which were mentioned, 881 failed. Epidemic variola attacked 14,470 persons, of whom 1,668 died. In 24 cases, small pox occurred a second time, three of these died. Most persons vaccinated escaped small pox; some had it modified. Of 406 attacked after vaccination, only six died. Re-vaccination was performed in 2,214 cases—1,704 failures; 227 false vaccinia; 270 secondary cow pox; three persons re-vaccinated had varioloid.



# THE WESTERN LANCET.

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CINCINNATI, OCTOBER, 1842.  
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## CATHARTICS IN HIGH ARTERIAL EXCITEMENT.

No class of medicinal agents is more important than cathartics. The administration of these remedies is coeval with practical medicine, but the extent of their use, and particular application to diseases, have varied at different periods. Since the publication of Dr. Hamilton's treatise on purgatives, their employment has largely increased. In many instances great benefit resulted from this practice; diseases were cured, which, under other circumstances, had resisted medicinal applications; purgatives at once became the most popular and fashionable remedies, and their application was limited only by the extent of human maladies. What was the result? Practitioners were in raptures; patients desired nothing but purgatives, and they got what they desired. But the sequel unfolded what might rationally have been anticipated—an almost *indiscriminate* use of purgatives followed.

At the present time purgatives constitute an important element, in what is termed the *antiphlogistic regimen*; they are exhibited with the view of aiding the lancet, and other reducent measures, in inflammatory affections and general fever. But, as in the administration of opium, and application of blisters, there is a stage, in which they are highly injurious; as well as one, in which they are eminently beneficial.

In fever and inflammation there is always a loaded condition of the capillaries; if the action of the heart is above the natural force, the extreme vessels are in a state of repletion from increased propelling or injecting power; but if the circulation is depressed, they become engorged from debility or torpor. The mucous surface of the intestinal canal usually partakes of these conditions in a pre-eminent degree. What, then, would be the effect of purgatives, when the nervous system was deeply involved in irritation, and the capillaries engorged with blood? To solve this question we must refer to the

physiological and therapeutical effects of cathartics ; the first increases peristaltic action, the second removes disease. Now, in the condition referred to, it is very true, the peristaltic action of the bowels may be increased, and purgation follow ; but the therapeutic effect cannot take place. Purgatives can relieve the morbid repletion referred to only by increasing secretion ; and, as the functions of the nervous and vascular systems are too much exalted to admit of that effect, no remedial action can be accomplished. Hence it is obvious, that purgatives given under these circumstances with the view of subduing arterial excitement, as they constantly are, must always fail to produce their proper effects ; secretions cannot be restored in this state of the circulation ; but nervous irritation and vascular engorgement are increased, and the repetition of a few doses ends in inflammation. A new series of morbid actions now takes place ; reflected irritation from the intestinal canal spreads to other organs, and augments that condition which it was intended to remedy. This is no fancy sketch ; imagination has not created, either the injudicious administration of purgatives, or their pernicious effects, but it rests on a reality as common as it is detrimental.

Purgatives should not become a part of the antiphlogistic regimen ; that is, they should not be used during high arterial excitement, for the purpose of reducing the circulation. High arterial action is most promptly subdued, as the concurrent testimony of the whole profession will prove, by venesection, nauseants, diaphoretics, and *aperients* ; and, after the activity of the circulation has been reduced, *purgatives* become necessary to restore the secretions, and general health of the digestive organs. *Aperients* may be used with benefit, when purgatives would prove injurious.

Practitioners occupy both extremes of the question. Broussais, with his insane philosophy, convinced himself and many others, that all fevers depended on gastro-enteritis, and that even *aperients* should be carefully avoided ; they, therefore, failed to evacuate the bowels, and the retained irritating materials soon brought about the dreaded inflammation. Not so, however, with the purging mania ; this doctrine teaches, that the alimentary canal is a common drain for all the morbid materials of the system ; and, like the ancient humoralists, they expect to remove a variety of peccant humors, and thereby free the system from disease. Broussais, however, as every body knows, was wrong ; and it is equally apparent that the ultra Hamiltonians are not right.

We hope to see this subject viewed by the profession in its natural aspect; when an excited state of the nervous and vascular systems will not be treated with stimulants; when the legitimate agents of the antiphlogistic regimen will be applied with proper discretion, and purgatives reserved for that condition in which their curative agency is so admirably displayed.

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**ACUTE RHEUMATISM.**—This disease has heretofore been considered as a painful, but not dangerous affection. Indeed, until its fearful character was fully delineated by auscultation, the fatality of its tendency was but imperfectly understood. Dr. Hope, and others who have investigated diseases of the heart, have demonstrated, in the most conclusive manner, that acute rheumatism often involves the heart. Dr. Hope found, that three-fourths of the bad cases of valvular disease and adhesion of the pericardium had been preceded by acute rheumatism. Bouillaud was of opinion, that one half of all the cases of general and acute rheumatism were attended with pericarditis or endocarditis, and often these two united. Dr. Pennock declares his belief, that the experience of American auscultators entirely accords with that of M. Bouillaud. Endocarditis, he is of opinion, is more frequent than pericarditis.

Two reasons may be assigned, why this important feature of rheumatism has been so long overlooked; 1. Auscultation, the only means of understanding these affections with any degree of precision, was imperfectly understood, until comparatively of recent date. 2. Endocarditis, frequently passing into a chronic state, may continue for an indefinite period, and causing fatal organic disease of the valves, the original connexion with rheumatism would be overlooked.

With these facts fully established, acute rheumatism becomes a disease of the highest importance; and calls for the most prompt and efficient treatment, to prevent its extension to the heart.

Dr. Hope very properly discards the opinion, that cardiac, or cerebral disease, occurring in rheumatism is the result of *metastasis*; but considers it merely an extension of the disease to internal fibrous structures, in the same way that it migrates from one joint to another.

Fully sensible of the necessity of early and effectually subduing acute rheumatism, Dr. Hope warmly recommends the following mode of treatment: General bleeding in the robust, repeated according to circumstances; but if the patient is delicate, this may be omitted:



every night give gr. vij. of calomel, with one and a half of opium, or gr. x of calomel with gr. ij. of opium, according to the severity of the symptoms. This is followed every morning by inf. sennæ c. 3jss, magnesia sulph. 3ij, mannæ 3j, which should purge four or five times. The following draught is given three times a day: R. vini colchici, m. xv. ad xx.; ipecac. comp. gr. v.; mist. salin. 3x; syrupi, 3j.

The pain and swelling under this treatment usually abates in two days, and almost always in four; when the calomel should be omitted, or earlier if the gums become sore. The opium may be continued in grain or half grain doses, according to circumstances, and the colchicum and senna draughts may also be continued. Local applications were not relied on.

Dr. Hope declares, that under this treatment the disease speedily yields, and very rarely extends to the heart. In this country, where the constitutions are more robust, it is probable more free sanguineous depletion, than that recommended by Dr. Hope, will be found necessary. Local applications also, after the violence of the disease is broken down, will be found of great value. Among these, blisters rank high; and the formula given in the fifth number of the *Lancet*, will prove highly beneficial. The use of hydriodate of potassa, in this stage, will greatly contribute to a *perfect* cure, avoiding the liability to the chronic form of the disease.

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THE LOUISVILLE CONTROVERSY.—We perceive by the September number of the *Western Journal*, that dissensions are rife in Louisville among the profession. We have also received a pamphlet entitled, “Some account of the origin and present condition of the Medical Institute of Louisville, with remarks on a late rejected report.” The paternity of the pamphlet is not given, but we presume it to be the joint work of the Board of Managers and Faculty of the Institute. The “rejected report” we have not seen, and have had time to give the pamphlet in which it is referred to only a cursory examination, but understand it to have been published as part of the proceedings of the City Council, and its object seemed to be, the transfer of the Medical Institute, its grounds, apparatus, &c., from the present Board of Managers, to the “Trustees of the Louisville College.”

Of course we cannot pretend to determine where the merit of this controversy rests, having neither the right, nor disposition to interfere. It appears, however, that the Institute is in a remarkably flourishing condition, and we would suppose the citizens of

Louisville have good reason to be satisfied with an institution which has succeeded beyond their expectations, and which evidently confers many advantages on the city. If it has been conducted in an irregular manner, not in accordance with the laws of the land, the citizens have a right to make the necessary corrections; but we cannot suppose that they would seek its overthrow, or limit its privileges.

The whole controversy, however, is deeply to be regretted, tending, as all such difficulties surely do, to prostrate instead of elevating the profession. We hope our brethren of the "dark and bloody ground" will, with that magnanimity and benevolence for which they are characteristic, bury the tomahawk, and prove themselves superior to internal discord.

By the way, we presume the Institute will have nothing to fear while defended by so valorous a champion as the Junior Editor of the *Western Journal*; for, although his unwieldy weapon is as likely to fall on a friend as an enemy, yet its continued exercise will perhaps clear the ground. We presume, also, that he will have a practical illustration of the *harmless* tendency of *party*, which will be more convincing than mere "twattle."

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**TYPHOID FEVER.**—Dr. Manzini informed the Academy of Sciences of France, that he found the alteration of the intestinal follicles characteristic of typhoid fever, in the intestines of a seven months' child, that died twenty or thirty minutes after birth.

Prof. Bartlett has recently communicated to the *Boston Medical and Surgical Journal*, the particulars of a post mortem examination of a female subject, 63 years old, in whom dothinenteritis, or the lesion of the small intestines supposed to be pathognomonic of typhoid fever, was found. These two cases constitute the greatest extremes on record of the existence of this disease.

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**HOMŒOPATHIC PRESCRIPTION.**—A correspondent of the *Boston Medical and Surgical Journal* (Dr. C. H. Stedman) states, that he was recently called to attend a young woman, who had been visited a few days previous by a homœopathic physician, who left the following prescription:—

R. Sub. Mur. Hyd. grs. xx.; pulv. opii., 3j.; quinine 3j.; for two powders. The prescription was sent to an intelligent apothecary, who very properly refused to prepare it, and thereby saved the pa-

tient's life. Each dose would have contained ten grains of calomel, thirty of opium, and thirty of quinine! *Infinitesimal* doses had rather a large representation in this instance!

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AMERICAN MEDICAL LIBRARY AND INTELLIGENCER.—We regret to learn that this periodical, so ably conducted by Prof. Dunglison, has ceased to be published. The reason assigned by the publisher, is, the pecuniary derangement of the country, and the consequent inequality of exchange. Should Prof. D. remain disconnected with the medical press, it will be regarded as a serious loss to the profession. May we not hope again to greet him as a journalist under new auspices?

Since the discontinuance of the Library and Intelligencer, there remains but one work of a similar character in the United States.—The Select Library and Bulletin, published in Philadelphia, and edited by John Bell, M. D., is a quarterly periodical of the same class, and one of great value. Those wishing to procure a work of this character, will find the editor's industry and ability quite equal to the task he has undertaken.

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TO SUBSCRIBERS.—As the most convenient and equitable mode of distribution for both parties, the Lancet was forwarded to some physicians who had not become subscribers, with the request to return the number sent if they did not wish to patronize the work; but if retained, they would be considered as subscribers, and the succeeding numbers forwarded when issued. All who retained it are, therefore, transferred to the regular subscription list. Those who commenced with the third number, can be supplied with the first and second Nos. if desired, by notifying the editor.

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NECROLOGY.—Baron Larrey, the celebrated military surgeon, and companion of Napoleon, died at Lyons, on the 29th of July, aged 66 years.

Dr. John P. Emmet, Professor of Chemistry in the University of Virginia, died recently at Richmond.

M. Pellatier, the celebrated French chemist, who, in connection with M. Caventou, made such extensive experiments on the vegetable alkalies, died in July last, after a long and painful illness.



# THE WESTERN LANCET.

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## ORIGINAL COMMUNICATIONS.

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ART. I.—*Observations on Encephaloid Tumors, and the consequences of their removal.*—By THOMAS CARROLL, M. D., of Cincinnati, O.

[Read before the Hamilton County Medical Club.]

My object, in reporting the following cases, is to bring before the Club the subject of the tubercoid form of encephaloid disease; and the probabilities of cure by surgical aid. If these tumors be absolutely incurable by the use of the knife, a question will arise, whether operations should ever be performed for their removal.

That all masses that have encephaloid matter developed in them are incurable, I have scarcely a doubt. But tumors that sometimes become encephaloid, exist for years before that takes place. It will, then, be a consideration, whether those that are suspected of becoming encephaloid should be removed by the knife.—It is my opinion that they should; and under this apprehension I proceed to detail a few facts with regard to them, which, I hope, will tend to confirm it, in the minds of others.

Otho Sheets, aged about 50 years, and a little below the middle stature; with light hair, blue eyes, and fair skin, which was unusually pale. He had led an active life, and was by profession a gunsmith and farmer. This individual called on

me sometime during the summer of 1830, and exhibited a tumor that, I suppose, would have weighed about three pounds. It was situated on the inferior part of the thigh, and on the inner and upper side. It was, to the sense of touch, moderately firm, and slightly lobulated. He had not observed the tumor until within the preceeding 16 months; and, when first discovered, it was about the width of a dollar.

The tumor had never given him pain, nor did he think himself in bad health. Under these circumstances, I advised its removal with the knife; but this unfortunate man had been told by one or two physicians, that they could cure him by the application of blisters, &c., and of course my advice was not taken. I did not see him again for 11 months; a few weeks before which I received a note from him, informing me that he had come to the determination to be operated on, and that he wished me to be the operator. I directed some medicine, and fixed a day to perform the operation.

At the time appointed, I attended, and was met by three other physicians—Dr. McBane, now of Cadiz, Dr. Hood, now of Zanesville, and Dr. Alexander, of Flushing, now of St. Clairsville. Contrary to expectation, we found our patient in bad health. Three months before, he had been subjected to influenza, which had passed over the country about that time. This disease produced an inflammatory diathesis, that resulted in the development of a hoarse cough, which remained undiminished; and fluid was infiltrated into the cavity of the peritoneum, with the softening of the anterior portion of the tumor. Two places seemed bulged out, and were filled with fluid. Both infiltrations continued to increase until that time. Added to these symptoms, was tenderness of the abdominal parietes, and some soreness, and slight pain in the encephaloid part of the tumor. From the time I had first seen the tumor until then it had grown with great rapidity, and had extended from above the middle of the thigh into the ham, and nearly encompassed the whole limb. The encephaloid matter occupied large cavities in it, and approached very near the surface. The skin over these cavities had a reddish blush, and had large bluish veins meandering over it in different

directions. These evidences determined us very much in the opinion, that the case was an unfavorable one for a successful operation. This opinion we communicated to the patient, who replied, that he had come to the determination to be operated on, and that he was ready to abide by the consequences.

The tumor, as has been said, reached from the ham to above the middle of the thigh, and was bounded above by the superior edge of the vastus externus, and extended round the limb until it arrived at the inferior margin of the same muscle. It lay under the rectus femoris, sartorius, gracilis, semimembranosus, and semitendinosus; whilst it rode over the cruralis, the great adductors of the thigh, and the vastus internus.

The operation was commenced by making an incision with a single stroke of the knife, that reached from the inner edge of the ham upwards, until it terminated over the rectus femoris. This incision was about fourteen inches long, and extended to the fascia lata. I immediately discovered that the rectus was spread over it like a web; I found its edge, however, and turned it back until I arrived at the outer margin. I then made an incision three inches within the first, and immediately struck on the sartorius, turned it inwards, and dissected off all the muscles on the outside of the tumor, until I arrived at its inferior termination; I then raised its margin along that termination, and dissected it from its base. This proved a difficult task, as the ligamentous connection, which united it with the deep seated parts of the ham, were so unyielding that I could not even tear those that connected it with the popliteal artery; hence the use of the knife was indispensable in this delicate situation. After I had succeeded in separating it from these attachments, I extended the separation from the inferior part of the base by the use of the fingers and knife, turning it off the great adductors of the thigh, above which it adhered to the sheath of the femoral artery for about eight inches; from these attachments I separated it with the handle of the knife and my finger. When I had thus far succeeded, I commenced at the superior margin, and dissected it loose from its attachments with the vastus externus, cruralis and femur. Numerous attachments existed between it and the periosteum. This was the most tedious part of the operation.



The time occupied in exsecting this tumor was twenty-two minutes and thirty seconds. Two or three small arteries were tied, and the flaps were brought together by sutures and adhesive strips. A roller was applied over the limb, and warm water was poured over the dressings, for a few moments every half hour during the first three days.

The patient was much exhausted by the operation; but reaction took place in ten hours. At the end of the third day I dressed the wound, and found to my great satisfaction that it had principally healed by the first intention. Where the flaps were imperfectly closed, some time elapsed before there was a complete cure.

The tumor was found to be firm throughout more than two-thirds of its substance, or as much so as tumors usually are, which are composed of a morbid growth of the cellular membrane. Many of its cells were found to be more than two inches in diameter, and very smooth on the inner surface, having no deposit in them; they could, however, only be thus found on the outer surface. The two cells contained more than three pounds of encephaloid matter, which was of the consistence and color of red currant jelly. The weight of the whole tumor was very near twelve pounds and a half.

The patient had no sooner been dressed and put in bed, than he declared himself clear of tenderness of the abdominal regions. He was placed under the care of Dr. Alexander, who was to use all the means in his power to relieve him of the abdominal infiltration. He was, however, unable to bring about the desired result; and it was not long before an obvious increase was manifested. Notwithstanding this, the patient was soon out of doors, and occasionally rode on horseback during the summer.

In September, six months after he had been operated on, I was again summoned to relieve him, by an operation which was to remove the abdominal accumulations; but, being absent, Dr. Alexander operated on him. This operation demonstrated that, instead of a serous accumulation, there was a jelly-like fluid in the cavity of the peritoneum that would not flow through the trocar. Enough was, however, obtained, to

show the true nature of the accumulation. After my return, I saw the patient, and judged that it would not be useful to operate again, as I thought Dr. Alexander had done all that was necessary to demonstrate, that the fluid could not be evacuated by a trocar.

The patient did not rest satisfied with my decision, and consulted another physician, who thought proper to perform the operation of paracentesis; but he found the same difficulties that Dr. Alexander had to contend with, and of course no benefit was derived from the operation.

No possibility of relief now remained; the peritoneal accumulations continued to increase, and along the femur three encephaloid masses burst through the cicatrix, at different points. These seemed to arise from that part of the cruralis to which the tumor originally adhered.

At the end of a year from the time the tumor had been extirpated, he died, being worn down by accumulated disease.

The following case will go farther to show the nature and tendency of encephaloid disease to terminate fatally, and how little can be done by the knife to arrest this tendency:—

A lady of about 42 years of age, red hair, florid complexion, and medium size, consulted me in January, 1838, about a tumor, which, she said, had been growing for eighteen months. She represented, that it had been softening at one or two points, within the last few weeks; and that, since that had taken place, she had suffered some pain, with slight fever. Upon examination, I found that it had extended from the anterior inferior spinous process of the ilium; for about nine inches along the thigh. Its base was bounded externally by the vastus externus, and internally by the adductors. It lay beneath the fascia lata, and had a very uneven base, as it had sunk itself deep among the muscles. On the upper part I found two cavities, filled with a semi-fluid matter, that had a feeling peculiarly elastic. The anterior walls of these cavities were bulged, and the skin was red and had large bluish veins meandering over it in various directions. I informed this lady, that I feared the tumor had become too much diseased, but that the only chance for life was to have it extirpated. The operation was per-

formed in February of the same year, and eight minutes and a half were occupied in its performance. But little blood was lost, though the patient remained for some hours in a condition approaching syncope.

On examination of the tumor, it was found to be, in most particulars, like that of Sheets; but one of the cells was filled with matter entirely black, and had very much the appearance of a recent combination of lampblack and sulphuric acid. The other cell contained a reddish matter, though the partition between them was not more than one or two lines in thickness. The wound healed with as much ease as it did in the preceding case; she laid, however, several weeks, but eventually got up, and soon was apparently well, and took all the exercise usual for persons in health. Her case was managed by my friend and former student, Dr. Hoover, of Barnesville, during her recovery, who paid unremitting attention, and, with his usual ability, directed the necessary remedial agents.

Six months after I had operated, I was again called to examine four new tumors, that had recently made their appearance along the outer line of the location of the former tumor. One of these reached the spine of the ilium, and the lowest was fixed below the middle of the thigh; each of them had the peculiarly elastic feeling that is incident to the encephaloid productions, and was about as large as a medium sized apple. I was, under these circumstances, solicited to operate; but I declined, believing that it would not be of any essential service. She died some months after, the tumors having become open ulcers of the encephaloid kind. This patient suffered much pain towards the close of her existence.

I give the following cases for the purpose of showing what may be expected from extirpating tumors of a sarcomatous character and rapid growth, but of a similar appearance with those above described, before the development of encephaloid matter in them takes place.

Mr. Shores, 55 years of age, with blue eyes, light hair, and fair skin, had been laborious through life, though he had a delicate constitution, exhibited himself to me sometime during the summer of 1826, for the purpose of having a tumor examined,



that had been growing during the previous five years. It was spread out on the back, reaching from the superior termination of the bases of the shoulder blades, downwards for nine inches. Its greatest circumference was twenty-eight inches, and its weight, after it had been dissected, was five pounds and a quarter. This tumor had never been painful—felt slightly elastic, and was but little lobulated; I, therefore, advised its removal by the knife, to which the patient consented. It was dissected out in five minutes. The wound healed by the first intention, and he soon felt perfectly well.

After it had been removed, I found that it was composed of an increased growth of cellular membrane, and exhibited, in every particular, a very close resemblance to the sound parts of the tumors above described.

During the first ten years after I had operated, I occasionally saw this man, and no return of the disease had taken place.

A lady, aged about 40, exhibited, in March, 1838, a tumor which, she said, had been first observed by her about a year and a half before. It had not been painful, nor did the surface feel uneven; but it was soft to the touch, and extended over the spine of the scapula, and terminated beneath the clavicle, being more than six inches long and three or four wide.

I dissected it out, and found but little difficulty, until I came to the part that had insinuated itself beneath the clavicle; here the proximity of the sub-clavian artery made it necessary to be cautious; but I safely extricated it from this location in about half an hour. The wound healed by the first intention, and the cure was complete, there being no appearance of another tumor two years after the operation. The tumor had a most healthy appearance, being evidently a mere morbid growth of the cellular membrane.

I should have stated, that the lady who had this tumor had blue eyes, light hair, and fair skin.

The following case will probably go to show that it had reached a medium point, between the two first and two last cases; as the tumor reappeared, but had not, at the end of seven years after the operation, shown any evidence of encephaloid disease:—

A lady, 33 years of age, with florid complexion, red hair, and of full habit, discovered, about a year before I was consulted, a tumor on her right hip. It had grown rapidly, and would, at the time I saw it, have weighed three or four pounds. Little or no pain had been experienced; there was, however, some uneasiness felt in its location, which, I suppose, was caused by the pressure of the tumor on the surrounding parts.

I advised the excision of it; but the patient did not then consent to have an operation for its removal performed; and, as I was soon going to leave for the East, to spend some months, the proposed operation was deferred until my return. During my absence, her family physician procured her consent to let him be the operator, and I received a letter, stating that the lady had become anxious to be immediately operated on: the operation, however, was deferred until I returned.

I found the tumor much larger than when I first saw it. It was bounded above by the spine of the ilium, and extended downwards to the insertion of the gluteus maximus; its greatest length, however, was across the fibres of this muscle.

On the day appointed for the performance of the operation, the surgeon had determined on the method of operating before I arrived, which was to make his incision in the direction of the longest diameter. I opposed this, as I thought the tumor lay beneath the gluteus maximus; but I had not influence enough to change the determination of the operator.

He began, and had dissected up a large portion of the muscle before I could persuade him, that he was mistaken. I dissected up the remaining part of it, but there were about one-half of the fibres lost. The operation proceeded, and it was found that the tumor adhered firmly to the ilium; and, when the operator arrived near the inferior part of the base, being aware that the gluteal artery would be cut, I took a knife of a large size, and, at a few strokes, separated this part of its base. I placed my finger on the bleeding artery, and a needle was inserted at two points, and a ligature drawn through, which secured the artery.

The patient lost considerable blood during the operation, but revived after some hours, and in a few weeks recovered, and

enjoyed excellent health for some time. The tumor, however, again started from its inferior base, and gradually grew for some time. The physician who had operated applied various means to arrest its growth. The internal and external use of iodine was particularly tried, and with apparent success.

Seven years after the operation for the removal of the tumor had been performed, this woman experienced but little inconvenience from it; and, what was to me strange, she was but little lame, notwithstanding the mangling of so large a portion of the *gluteus maximus*.

The reproduction took place from the base of the original tumor. In dissecting it out, it was unavoidably necessary to leave small portions of the base, which seemed altogether very condensed cellular membrane, that closely attached itself to the periosteum, obturator ligament, &c. Had it been in the power of the operator to have completely removed all this fibrous matter, the renewed growth might not have taken place. I am induced to believe, that the reproduction was more arrested in consequence of a deficiency of circulation than from any other cause, as the large artery that had entered the mass of the original tumor had been destroyed. It is, however, more than probable that this new growth will have to be again excised, or it will run on to a fatal termination.

As a confirmation of this hypothesis, I refer the Club to a case reported by Mr. Allen of Edinburgh, in which a patient suffered thirteen years from a very large tumor that occupied the left hip, and was operated upon five times; yet within a few months after each operation the disease regularly reappeared.

I presume the following case will be considered a very fair specimen of encephaloid disease from its origin.

A young lady of sixteen years of age, of full habit, and of fair complexion, who had always enjoyed remarkably good health, suddenly complained of pain in the left side of the abdomen; and it seemed to have arisen from about the centre of the concavity of the ilium, or immediately over the iliacus internus, but just behind the peritoneum. The obvious cause of this pain was soon manifest, as a swelling was observed, that



gradually grew in all directions, until it reached nearly to the false ribs, extended to the right of the linea alba, and was in juxta-position with pouparts ligament; and it had externally a bulged appearance in several places. On one or more of these bulges the skin was reddened, and large veins meandered over it in various directions.

From the first moment of its origin, the inferior extremity of the same side became painful, and very soon were the muscles swollen. The iliacus internus, psoas magnus, &c., became contracted with the flexors of the thigh, so that the limb became bent on the body and itself. All these results took place within a few months from its commencement.

The friends of this patient were anxious to have the tumor opened. I gratified their desires, by introducing a trocar into the middle and outer parts. A small quantity of reddish, jelly-like matter was obtained. I examined the interior with a probe, and found that the mass was composed of large cells, containing a similar fluid with that obtained at the opening. The partitions separating these cells were easily broken down with the probe. The wound healed by the first intention, and the patient seemed no worse after than before the operation.

Two or three months elapsed after this before death; but this result did not take place until the patient became emaciated to the last degree, and her sufferings remained undiminished to the final moment of her existence.

In reviewing the foregoing cases, it would appear, that it is at least difficult for the surgeon, not extensively acquainted with the nature of encephaloid disease, to determine the true character of tumors of a rapid growth. The two first tumors described had no encephaloid matter developed in them until very near the time of their extirpation. Before that development, it was, to say the least, uncertain whether a radical cure could be effected by the removal or not. But after the formation of cavities with the characteristics of encephaloid disease, it no longer admitted of the same amount of uncertainty, as but little could be expected but a fatal termination.

In the case of Shores, and of the lady who had a reproduction of the disease, there was a great similarity with the two

first cases; but, as they were operated on before the development of encephaloid matter in them, the patients' lives were or have been prolonged.

What remains to be a question, is, whether these tumors would have continued healthy had they not been removed? This question is one of a serious and difficult nature. All the large tumors that I have ever taken out had an imperfect circulation, particularly in their central parts; and it seems as the external parts enlarge the internal lose their vitality, both from a defect of circulation, and of nervous energy. Hence the fluids passing through them become morbid, and loaded with elements inconsistent with perfect health.

It is, then, probable, that when this deterioration of the circulation and nervous energy arrives at a certain point, a deposition of morbid matter takes place, and the whole circulatory fluid becomes disordered, in a way so incompatible with health, that, when the tumor is removed, other exhibitions of a similar disease are soon brought on.

The new production does not at first appear of that innocent kind that the original did; but it, from the first, has the same characteristics that its predecessor had at the time of its removal. This, then, goes to show, that the condition of the fluids is the true cause of the reproduction of these morbid masses.

Tumors of this kind have always appeared, so far as my observation has gone, in persons of light complexion; and mostly those whose temperaments inclined to the phlegmatic.

The vitality in all morbid masses is much less than in healthy parts. A fine demonstration of this principle exists in the fact, that escharotics of a certain power will destroy these products, while the sound parts, in juxta-position, will successfully resist their action. This is, however, only the case where the caustic is of a certain strength; that is, just enough so to kill the unhealthy parts and no more; then the vitality of those that are healthy will successfully resist the action of the escharotics.

I come, then, to the conclusion, from what has been said, that, in all cases of tumors of a sarcomatous character, it is proper to remove them by the knife, at any time before the development of encephaloid matter takes place. But there is a

condition of these tumors which leads to ulceration of the most depending part of their surface, and a free discharge of pus, in which there is no evidence of encephaloid disease—then the removal of the tumor will bring about a radical cure. The following cases will serve to demonstrate this.

A lady, at about the age of 40, discovered that a small tumor was situated over the upper part of the tuberosity of the ischium. Twenty years after this period it had grown until it would have weighed more than a pound; and, about this time, inflammation took place over the most depending part, and covered about one-third of its surface. Suppuration became profuse; the whole system sympathised; hectic fever and great debility ensued; and but little hope was entertained of recovery.

Under these circumstances, I proposed cutting out the tumor, which was agreed to by the patient. Its base was about as wide as any part of it; this, however, was of but little importance. I dissected it out in about a minute. I saved nearly enough of surface to cover the wound, which healed mostly by the first intention.

This lady had no more hectic symptoms, and but a few hours elapsed after the operation before she declared herself considerably better. Her recovery was soon completed, and she survived the operation twelve years.

This tumor was purely sarcomatous in its character; and the pus discharged from the diseased part was at first well digested—there was no encephaloid development.

At the time that I first saw the following case, there was but little evidence of a tumor having been the cause of the extensive ulceration which existed; yet there can be little doubt that this had been the case.

The subject of the tumor or ulceration was, at the time I first saw him, eighteen years of age. At the age of eight years a slow swelling made its appearance on the back of the right leg, above the ankle joint. After a few years, this swelling ulcerated over an extent of several inches, in different directions. This ulceration, after some time, assumed a cauliflower appearance; and, when allowed to exuberate for some time without



the use of escharotics, it had fungoid characteristics, such as bleeding, &c.

At the time the tumor came under my observation, the ulceration was, in its greatest diameter, more than six inches, by three or four, in its least. It then involved the tendo achilles, and united itself to both bones of the leg; and it had been in the habit for some time of exuberant growths, which occasionally sloughed off, and reproduction of a similar kind followed.

Many physicians had been consulted during the continuance of this affection, but no remedial agent had arrested its onward progress. I, with others, made an effort to cure without an operation, but had no better success than those who had gone before. The patient was then unable to be much out of bed; had a cough, with much mucus expectoration; night sweats, &c. Under all these circumstances, I advised the amputation of the leg. In this I was opposed by several older physicians, for I was at that time a young man. The ardor of youth aided me in overcoming the obstinacy of age, and it was determined that the operation should be performed.

I amputated the limb; and, strange to tell, the subject of the operation had no more night sweats. His cough soon became better; and, with the exception of mucus expectoration, with slight cough, his health was completely restored, and at the end of ten years he was an industrious and happy mechanic.

It may have been observed, that I have not, in the foregoing observations, taken any notice of securing arteries during the progress of the excision of the tumors, the removal of which has been described. The reason of this is, that I always employed assistants, for the purpose of commanding the hæmorrhage until I had accomplished the dissection. This is a matter so easy, that I have been long astonished that surgeons should think it so necessary to take up time, during the progress of operations of this species, in tying arteries. The operation of Bransby Cooper on the East Indian, it seemed to me, was unfortunate, in consequence of the time lost during the extirpation in tying arteries; because, while one large one was being secured, a thousand small ones were insensibly carrying off the blood beyond the powers of the patient to endure—hence, he succumbed before the termination of the operation.

ART. II.—*On the Distinctive Traits between Irritation and Inflammation*.—By JOHN P. HARRISON, M. D., Professor of Materia Medica in the Medical College of Ohio.

It has been, and still is, a point of contest between eminent physicians, whether irritation and inflammation are distinct pathological states, or degrees of the same vascular disturbance. By those who contend for their distinct individuality it is argued—1st. That irritation is a pathological state of the nervous function; whereas inflammation consists essentially in an excited and perverted action of the capillary vessels. In the second place, that irritation is a separate morbid state from inflammation, is shown by the most approved methods of treating these affections. Irritation seldom requiring, in its uncomplicated condition, evacuant means; but, on the contrary, demanding tonic, and invigorating or anodyne medicines. In the third place, when patients die, after suffering from constitutional or local irritation, no lesions are discovered upon the autopsy of the body which can be referred to a previous vascular turgescence. Besides, the suddenness with which the onset of an attack of irritation takes place, and the equal rapidity of its cessation or removal, show the discrepancy which obtains between disturbance of the nervous function, and morbid action of the vascular system.

Inflammation is recognized by augmented heat, increased redness, tumefaction, and pain of a part. Irritation is not accompanied by developed heat, redness, or tumefaction, though pain may be present. Inflammation is ordinarily expressed by high vascular action of the general system. Irritation is most generally announced by depressed activity of the circulation.

Irritation may be divided thus:—1st. General; 2d. Local; 3d. Direct; 4th. Reflected; 5th. Primary; 6th. Secondary. Let us define what is meant by these terms.

By general irritation, is understood a highly excited state of the nervous function of the system, induced either by the agency of some irritant or depressant; or, which arises from excessive irritability. When constitutional irritation arises from an irritant—such as a burn, or a lacerated wound—there may be

present either prostration without reaction, or partial reaction may rapidly succeed the reception of the injury. A depressant—such as loss of blood, excessive discharges from the bowels, or the protracted application of cold—may create indirect irritation of the system, with efforts at reaction; or all the phenomena of the constitutional shock may be present without reaction.

Excessive irritability of the system may be induced by mental agony or fatigue; by improper indulgence in eating and drinking; deficient nutrition of the body; and by narcotics. The ordinary stimuli of life act with an extraordinary degree of effect on a system possessed of this morbid irritability, and diseases of high nervous irritation often result from their agency.

A local irritation requires no definition. The offending impression on a part—such as the application of a slight contusion, or the bite of an insect—induces pain, with a succeeding blush of inflammation.

But local irritation may be direct; that is, it may be the consequence of some local excitant: or it may be reflected; that is, it may be consecutive and dependent on the state of the constitution.

Irritation may be primary, or secondary. Primary irritation of a constitutional kind may be produced in the modes already stated, and persist without the complication of fever, or inflammation, or any visceral disease. Or, constitutional irritation may accompany fever, inflammation, or an attack of visceral derangement. In the progress of a febrile seizure, the physician is frequently called upon, by the urgency of the symptoms of irritation present, to prescribe opiates to relieve the restlessness, and other phenomena of nervousness. And thus, in conducting the cure of inflammation, we are obliged to administer a combination of reducing and anodyne remedies to fulfil two indications—the vascular activity, and nervous irritation.

And likewise in functional disturbance, irritation may originate, or be intimately blended, with the departure from normal action. Thus, in diminished function of the skin, general irritation may result, and the patient be tormented with the *fidgets*, or hysteria may come on.



A primary irritation may—1st. Persist for an indefinite time, and wear itself out, or be cured by the means used. Neuralgia is a case in point; it has persisted for years, and then ceased voluntarily. Often it is cured by appropriate remedial resources. 2d. Irritation may terminate in inflammation. It is not possible for inflammatory fulness of the vessels to obtain without previous irritation, either direct or reflected. 3d. Irritation may merge into hæmorrhagic effusion, and thus be removed. 4th. It may be got rid of by serous effusion, or be converted into a lesion of nutrition. Irritation may perpetuate itself by a chronic nervous disease—such as epilepsy, paralysis agitans, or insanity. Irritation destroys life with far greater rapidity than inflammation. Indeed the destructive character of inflammation is, in great part, attributable to the subduing power of the injury inflicted on the nervous energy. Death from inflammation follows very soon where the organ invaded holds intimate relation of sympathy with the heart. The suddenness of the invasion of an inflammatory complaint enhances, to a very great extent, the danger of the attack. Where the vital powers have time to accommodate themselves to the presence of disturbed action of the vascular apparatus, there is comparatively slight interruption to the nervous function.

The symptoms of constitutional irritation, are—1st. Prostration of the muscular system of the life of relation; or violent convulsive action of the voluntary muscular system. 2d. A state of asthenia of the vascular energy. A low, depressed pulse, with cold skin, when the constitutional shock is urgent, is generally a prominent symptom. 3d. The secretions are perverted or suspended in all violent cases of general irritation. After a severe burn, or a crushed limb, or concussion of the brain, we discover the hepatic, renal, and cutaneous secretions, require remedies to restore them to their normal condition. 4th. Deranged sensations are present. Pain, restlessness, insomnia, and perverted feelings, are among the phenomena of irritation.

The diseases of the nervous centres which depend upon irritation, are insanity, epilepsy, chorea, tetanus, and hydrophobia. Erethism of the brain is frequently mistaken for arachnitis.

After exhausting discharges from the alimentary canal, or copious emissions of blood, especially in children, symptoms simulative of cerebral inflammation arise. This pathological state is termed by Marshall Hall, hydrencephaloid disease.

Cephalalgia is frequently an irritative affection. The diseases of the lungs which depend on irritation, are, one variety of cough, and of asthma. Tubercular deposition is a lesion of secretion consecutive on a peculiar species of constitutional irritation. The disorders of the heart which spring from irritation are, nervous palpitations, and one of the varieties of angina pectoris.

The affection of the throat called laryngismus stridulus, is, perhaps, as Dr. Ley has suggested, caused by irritation of the recurrent branch of the *par vagum*.

The diseases of the digestive tube, occasioned by irritation, are numerous.—Gastralgia, indigestion in some of its forms, colic, especially in children, vomiting, diarrhœa, &c., are often traceable to irritation.

Dysmenorrhœa, and irritable uterus, are products of uterine irritation.

Inflammation may be constitutional or local; direct or reflected; primary or secondary.

By general or constitutional inflammation, is meant a condition of the system eminently conducive to the production of abnormal vascularity in the tissues of the body. Local inflammation means the generation of vascular disturbance, from a topical cause.

Fever may create gastritis—or gastritis may induce fever. In the first instance, we have reflected and secondary inflammation. In the latter, primary and direct inflammation.

All constitutional maladies—that is, all diseases whose substantive existence is grounded on a diathesis—may be divided into those of irritation, inflammation and fever.

Irritation, when it arouses fever, or inflammation, becomes decidedly more amenable to medical interference. Intense irritation, as in concussion of the brain, or after a severe burn, a crushed limb, or a capital operation in surgery, where reaction cannot be brought about, very soon snaps the thread of life.

Our indications of treatment, agreeably to the above pathological views, are, in constitutional irritation, to induce reaction, and thus throw a part of the burden, borne by the nervous function, on the vascular system. With a feeble, fluttering pulse; cold, clammy skin; and great muscular debility; our indication of treatment is, to give diffusible stimulants, and apply sinapisms and heat to the surface. When reaction ensues, the next therapeutic indication is, to restore the secretions. Calomel is an indispensable remedy in such cases of constitutional irritation. Its specific reference of action to the liver, and digestive mucous tissue, makes it a means of great compass of remedial influence in such cases. Opium is to be combined with the calomel, to quiet the morbid irritability, and thus give the mercury free scope of action on the deranged secretories.

Complicated irritation, as in plegmasial complaints, after the evacuant plan of treatment has been vigorously prosecuted, requires anodyne remedies. Especially in inflammations of the mucous surface of the bowels, after general and local bleeding, opium or hyoscyamus should be exhibited, in conjunction with calomel, to allay the existing irritation.

In the declining stage of fever, called the typhoid stage, anodynes should be given, with alterants, and mild animal broths, to sustain the faltering powers of life, and to invigorate the shattered nervous energy.

In local irritation, revulsives are of much efficacy. Artificial counter-irritation is invariably remedial of visceral irritation. Where local irritation exists on the surface of the body, applications of a stimulant, but more frequently of a soothing, kind, afford relief.

As before remarked, vascular excitation is the predominant element in inflammation. Nervous disturbance is the governing element in irritation. Bleeding, mercury, and antimony, are our main reliance in the one—excitants, anodynes, and counter-irritants, are the principal therapeutic means to be employed in the other. But these two pathological states so run into and blend with each other, and so often interchangeably call for a particular mode of medication, respectively adapted to each, that it is not always an easy matter to decide which predominates in an attack of disease.



Inflammation has three stages:—1st. That of incubation. 2d. That of active congestion. 3d. That of decided inflammation. The stage of incubation is invariably accompanied by irritation. The stage of active determination, and interrupted passage of the blood through the capillaries, is likewise characterized by signs of irritation. Itching, a sense of heat, and pain, are present in the first stage; and the afflux of vital fluid, consequent on the augmented irritability of the vessels, leads to accumulation in the part, which results in those changes incident to inflammation.

The persons most liable to inflammation are the irritable; and the parts of the body most subject to such a pathological state are those which we call weak—that is, they are morbidly excitable, and unable to withstand the action of any excess of stimulation.

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ART. III.—*Remarks on the Nature and Treatment of Chorea Sancti Viti.*—By THOS. H. ROE, M. D., M. A. N. S., &c., of Newark, Ohio.

The principle which has so long guided the profession in this country, in the treatment of this singular form of disease, has been miserably overlooked. The principles of Hamilton being the most popular of the day, ascribing the disease to debility dependent upon some obstruction in the primæ viæ, which required active purging, followed up by a long list of tonics to restore nervous energy and invigorate the system, as they supposed, but most frequently failed in the result. It would be saying too much to deny that intestinal obstruction may not sometimes produce the singular disease under consideration. But I feel inclined to believe, that the intestinal canal becomes disordered, owing to the destruction of that healthy harmony of action which maintains and presides over the stomach and bowels; I mean the great sympathetic nerve. Chorea is undoubtedly a disease of the excito-motory system, dependent upon a train of morbid associations arising in the brain or spinal cord, which extend to the sympathetic ganglia. Admitting, then, that the brain or spinal cord is the fountain from which

all nervous influence springs, the pathologist can find no difficulty in conceiving, how a structural or functional derangement of the sympathetic ganglia may give rise to all those singular motions so common in chorea.

In speaking of the old treatment of chorea, I do not wish to be understood as inculcating that strict attention to the primæ viæ is of no importance; for I consider it of great, but only a preparative step in the treatment of disease of the great nervous centres.

There is one great reason which, I think, should induce us to attend to the state of the brain and spinal cord, even in sympathetic convulsive disease—I mean the great tendency which any irritating cause has to act upon the extreme points of any nervous chain to which it may be applied. It was by noticing in disease those sympathetic relations between the brain, spinal cord, and excito-motory system; and the anatomical relations of the great sympathetic with the other three classes, that I was led to a plan of treatment, which, I think, will be found successful, and superior to any other mode. The plan, so far as I know, is new, and founded upon incontrovertible general principles.

*Case 1.*—On the 1st of August I was requested to visit a young girl, about 12 years of age, laboring under incessant convulsive motions. The extensor and flexor muscles of the arms and legs were rapidly called into action. The patient would often spring from the bed involuntarily, to the distance of several feet; in fact there was every symptom of true chorea. The patient had been three weeks bed fast; the paroxysm coming on and lasting about five hours daily. I was informed by her attending physician, that almost every thing had been done for her without the least effect. She had been well purged, bled, taken quinine, ferri carb., sulph. zinc; and in fact run out the old mode of treatment, and the patient no better. I at once advised, a small blister over the os coccygis, over the last ganglion of the sympathetic nerve; and three more were applied the three cervicæ ganglions, which were allowed to remain six hours, then taken off, and the raw surface washed every two hours with a strong solution of prussic acid, about

fifty drops to the ounce. In about twelve hours the contortions left the upper part of the body and fled to the legs, taking the course of the great sciatic nerve. The blisters were applied as before, and washed with the solution the next morning, being the usual time for the attack; and, about the same hour, the patient fell into a comfortable sleep, woke up in a state of copious perspiration, without any return of the disease, and got rapidly well from that time.

*Case 2.*—On the 20th of August, I was again requested to see another patient afflicted with chorea; but the muscular contortions, &c., were confined to the right side of the body. So curious were the antics of this patient, that the children of the family and the attending doctor would keep in one continual roar of laughter; in fact, the patient would often laugh himself to see the others enjoying the sport. This patient was about seventeen years of age, and had been afflicted with chorea fifteen days—otherwise in good health. This patient, like the other, had taken physic, tonics, and antispasmodics; and, in fact, the whole Hamilton treatment of chorea. I again advised the blister over the coccygial ganglion, and three small ones over the sympathetic ganglia of the neck, which were taken off in about six hours, and washed with the prussic acid solution, the patient being directed to take castor oil and turpentine. The following day the rotatory motions changed to the other side; I then placed the small blisters on the other side of the neck. On the following day the symptoms began to mitigate; and, at three applications of the blisters, and the external use of the prussic acid, the patient rapidly got well, and has had no return of the disease up to this date.

I have treated a number of cases of spasmodic disease of late by this plan; and, if I may be allowed to generalize from several cases, I should recommend blistering the first and last ganglia of the sympathetic, in preference to any other mode of treatment; because, forming a new irritation at each end of this great system of nerves, it tends much to break up that disordered action existing in the great nervous centres.



## BIBLIOGRAPHICAL NOTICES.

ART. IV.—*Homœopathy and its Kindred Delusions; two Lectures delivered before the Boston Society for the Diffusion of Useful Knowledge.* By OLIVER WENDELL HOLMES, M. D. Boston, William D. Ticknor, 1842.

Through the politeness of a friend, who has just returned from a visit to the Atlantic cities, we have been favored with a perusal of this little volume.

The object of the author is to place before the people, in their veritable character, some of the gross impositions practised upon the world under the garb of medical science; and his little book, which is written in a plain, perspicuous style, yet brief withal, is admirably adapted to that end.

We do not coincide with the general opinion, that works of this character are of questionable propriety. While we are free to admit, that the reign of any particular *humbug* is short lived, and to adopt the language of Peyraud, “that if any new idea be false, and devoid of foundation, the exaggerated praises of those who have an interest in its propagation will not sustain it,” we are not in favor of waiting until time shall decide its worth. Medical men, as guardians of the public health, are called upon, by the responsibility of the position they occupy, to attack promptly and vigorously, before it shall have accomplished a tythe of its sad work, any false and groundless theory which may arise in medical science; and to expose, in all their deformity, those monstrous absurdities, which, presented under a specious appearance, and backed by an unintelligible name, are sought to be imposed upon the credulous by men with whom the public good is no consideration, and whose only object is the acquisition of wealth.

The Royal cure of the King’s Evil, or scrofula; the Weapon Ointment, and its twin absurdity, the Sympathetic Powder; the Tar Water Mania of Bishop Berkeley; and the Metallic Tractors, or Perkinism—constitute the topics of the first lecture. The Doctor has given a concise yet interesting history of each

of these fallacies, interspersing the lecture with the detail of many amusing mistakes and fancies of the credulous, among the intelligent portion of whom, by far the greater number were clergymen. We quote the Doctor's own language upon this subject :—

“ It cannot but excite our notice and surprise that the number of *clergymen*, both in America and Great Britain, who thrust forward their evidence on this medical topic, [Perkinism] was singularly large in proportion to that of the members of the medical profession. Whole pages are contributed by such worthies as the Rev. Dr. Trotter, of Hans Place—the Rev. Waring Willett, Chaplain to the Earl of Dunmore—the Rev. Dr. Clarke, Chaplain to the Prince of Wales. The style of these theologico-medical communications may be seen in the following, from a divine, who was also Professor in one of the colleges of New England :—‘ I have used the Tractors with success in several other cases in my own family; and although, like Naman the Syrian, I cannot tell why the waters of Jordan should be better than Abana and Parphar, rivers of Damascus; yet, since experience has proved them so, no reasoning can change the opinion. Indeed, the causes of all common facts are, we think, perfectly well known to us; and, it is very probable, fifty or a hundred years hence, we shall as well know why the Metallic Tractors should in a few minutes remove violent pains, as we now know why cantharides and opium will produce opposite effects, namely, we shall know very little about either excepting facts.’ Fifty or a hundred years hence! if he could have looked forward forty years, he would have seen the descendants of the “Perkinistic” philosophers swallowing infinitesimal globules, and knowing and caring as much about the Tractors as the people at Saratoga Springs do about the waters of Abana and Parphar.”

The second lecture is devoted to “an examination of the doctrines of Samuel Hahnemann and his disciples; doctrines which some consider new and others old; the common title of which is variously known as Ho-mœopathy, Ho-mœ-pathy, Homœop-athy, or Homœo-path-y, and the claims of which are considered by some as infinitely important, and by many as immeasurably ridiculous.”

Dr. Holmes' analysis of these doctrines is made in a spirit of candor and fairness, and no statement is put forth which cannot

be substantiated by unimpeachable reference. We shall take the liberty of making some extracts from it, for the edification of those of our readers who may not be within the reach of the writing of the *illustrious* founder of Homœopathy.

The charlatanism which pervades the entire system may be inferred from the account which is given, in the language of Hahnemann himself, of the mode of preparing his medicines:—

“The following account of his mode of preparing his medicines, is from his work on Chronic Diseases, which has not, I believe, yet been translated into English. A grain of the substance, if it is solid, a drop, if it is liquid, is to be added to about a third part of one hundred grains of sugar of milk in an unglazed porcelain capsule, which has had the polish removed from the lower part of its cavity by rubbing it with wet sand; they are to be mingled for an instant with a bone or horn spatula, and then rubbed together for six minutes; then the mass is to be scraped together from the mortar and pestle, which is to take four minutes; then to be again rubbed for six minutes. Four minutes are then to be devoted to scraping the powder into a heap, and the second third of the hundred grains of sugar of milk to be added. Then they are to be stirred an instant, and rubbed six minutes—again to be scraped together four minutes, and forcibly rubbed six—once more scraped together for four minutes, when the last third of the hundred grains of sugar of milk is to be added and mingled by stirring with the spatula; six minutes of forcible rubbing, four of scraping together, and six more (positively the last six) of rubbing, finish this part of the process.

Every grain of this powder contains the hundredth of a grain of the medicinal substance mingled with the sugar of milk. If, therefore, a grain of the powder just prepared is mingled with another hundred grains of sugar of milk, and the process just described repeated, we shall have a powder of which every grain contains the hundredth of the hundredth, or the ten thousandth part of a grain of the medicinal substance. Repeat the same process with the same quantity of fresh sugar of milk, and every grain of your powder will contain the millionth of a grain of the medicinal substance. When the powder is of this strength, it is proper to employ in the further solution and dilutions to be made use of in practice.

A grain of the powder is to be taken, a hundred drops of alcohol to be poured on it, the vial to be slowly turned for a few minutes, until the powder is dissolved, and two shakes to be given to it. On this point I will quote Hahnemann's own



words:—‘A long experience, and multiplied observations upon the sick, lead me within the last few years to prefer giving only two shakes to medicinal liquids, whereas I formerly used to give ten.’ The process of dilution is carried on in the same way as the attenuation of the powder was done; each successive dilution with alcohol reducing the medicine to a hundredth part of the quantity of that which preceded it. In this way the dilution of the original millionth of a grain of medicine contained in the grain of powder operated on, is carried successively to the billionth, trillionth, quadrillionth, quintillionth, and very often to much higher fractional divisions. A dose of any of these medicines is a minute fraction of a drop, obtained by moistening with them one or more little globules of sugar, of which Hahnemann says, it takes about two hundred to weigh a grain.

As an instance of the strength of the medicines prescribed by Hahnemann, I will mention carbonate of lime. He does not employ common chalk, but prefers a little portion of the friable part of an oyster shell. Of this substance, carried to the sextillionth degree, so much as one or two globules of the size mentioned is a common dose. But for persons of very delicate nerves it is proper that the dilution should be carried to the decillionth degree. That is, an important medicinal effect is to be expected from the two hundredth part of the millionth of the millionth of the millionth of the millionth of the millionth of the millionth of the millionth of the millionth of a grain of oyster shell. This is only the tenth degree of potency; but some of his disciples profess to have obtained palpable effects from much higher dilutions.

That the “swallowers” of the infinitesimal doses of the Homœopathist may have some idea of the probable power of their action, we are induced to make the following extract:—

So much ridicule has been thrown upon the pretended powers of the *minute doses*, that I shall only touch upon this point for the purpose of conveying, by illustrations, some shadow of ideas far transcending the powers of the imagination to realize. It must be remembered, that these comparisons are not matters susceptible of dispute, being founded on simple arithmetical computations, level to the capacity of any intelligent school boy. A person who once wrote a very small pamphlet, made some show of objecting to calculations of this kind, on the ground that the highest dilutions could easily be made with a few ounces of alcohol. But he should have remem-

bered, that, at every successive dilution, he lays aside or throws away ninety-nine hundredths of the fluid on which he is operating; and that, although he begins with a drop, he only prepares a millionth, billionth, trillionth, and similar fractions of it, all of which, added together, would constitute but a vastly minute portion of the drop with which he began. But now let us suppose we take one single drop of the tincture of chamomile, and that the *whole* of this were to be carried through the common series of dilutions.

A calculation nearly like the following was made by Dr. Panvini, and may be readily followed, in its essential particulars, by any one who chooses:—

For the first dilution it would take 100 drops of alcohol.

For the second dilution it would take 10,000 drops, or about a pint.

For the third dilution it would take 100 pints.

For the fourth dilution it would take 10,000 pints, or more than 1000 gallons; and so on to the ninth dilution, which would take ten billion gallons, which he computed would fill the basin of Lake Agnano, a body of water two miles in circumference. The twelfth dilution would of course fill a million such lakes. By the time the seventeenth degree of dilution should be reached, the alcohol required would equal in quantity the waters of ten thousand Adriatic seas. Trifling errors must be expected, but they are as likely to be on one side as the other, and any little matter like Lake Superior or the Caspian sea, would be but a drop in the bucket.

Swallowers of globules, one of your little pellets, moistened in the mingled waves of one million lakes of alcohol, each two miles in circumference, with which had been blended that one drop of tincture of chamomile, would be of precisely the strength recommended for that medicine in your favorite Jahr's Manual, against the most sudden, frightful, and fatal diseases!"

The lecture closes with a brief statement of the present condition of this pretended science, in the different countries of Europe. In Germany, its "native land," it appears that matters are going on badly with Homœopathy; the far-famed dispensary at Leipsic being the only one remaining, and which, notwithstanding the glowing descriptions given of it in homœopathic publications, is but an obscure house in the suburbs, containing eight beds only, four of which, as a general thing, are unoccupied. It is even doubtful whether this establishment

exists at the present time, as the house physician, having become convinced, during a residence of some time in the dispensary, of the nullity and danger of homœopathy, has given up his appointment, and published an exposition of the system pursued, with an account of cases, which clearly shows—that had long been evident to the bulk of the profession, and the public—that the so-called cases were recoveries from ordinary ailments by the efforts of nature, which were frequently a long time under treatment; whereas, by a proper medication and attention at the outset, they might probably have been removed in a few days, and that many of the more serious cases got worse instead of better, for want of active treatment.\*

In Paris, where dwells the *illustrious* Hahnemann, his system is in no better condition. Its popularity may be inferred from the following list, which was obtained from the publishers themselves, and exhibits the success met with by the only homœopathic journals ever published in France.

	Year.	Subscribers.
1. <i>Bibliothèque Homœopathique,</i>	1833	129
	1835	80
	1837	72
	1839	55
	1841	31
1. <i>Archives de la Médecine Homœopathique,</i>	1834	186
	1836	175
	1838	148
Changed its name to <i>Journal de la Doctrine Hahnemaniennne,</i> in	1840	114
Ceased to be published		
3. <i>Revue Critique et Retrospective de la Matière Médicale,</i>	1840	65
	1841	51

In the United Kingdom of Great Britain, there were, in 1839, but eighteen homœopathic physicians, of whom only three were to be found out of London.

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\* Memoranda on France, Italy, and Germany, with remarks on climates, medical practice, &c. By Edwin Lee, Esq., M. R. C. S., &c.



In concluding our notice of this little volume, we most earnestly recommend it to our readers as worthy of perusal; and we doubt not it will prove eminently useful in the channels through which it is designed to circulate.

R. D.

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ART. V.—*Elements of Surgery.* By ROBERT LISTON, Surgeon to the North-London Hospital, Professor of Clinical Surgery, etc. From the second London edition, with copious notes and additions, by SAMUEL D. GROSS, M. D., Professor of Surgery in the Louisville Medical Institute, Surgeon to the Louisville Marine Hospital, etc. Illustrated with numerous engravings. *Philadelphia, Ed. Barrington & Geo. D. Haswell, 1842, pp. 640.*

Since the death of Sir Astley Cooper, Mr. Liston stands pre-eminent in English operative surgery. Surrounded as he is by the numerous talented and experienced surgeons of the great English metropolis, it is no small commendation to designate him as the chief. He who can maintain the reputation of English Surgery, as established by Cheselden, Pott, Cline, J. Hunter, Home, Abernethy, Blizard, Astley Cooper, and others; or who can gain a superior reputation in competition with Green, Stanley, Tyrrell, B. Cooper, Earle, Wardrop, Mayo, Carlisle, Guthrie, and many more distinguished operators, needs no praise, save the monument of his own imperishable fame.

Mr. Liston's former theatre was Edinburgh, at which place, in 1831, he prepared the "*Elements of Surgery*," originally published in three volumes. After removing to London, a new edition was published in 1840, revised and improved, of which the work before us is a reprint.

Mr. Liston seems to have been fully sensible of the importance of pathology and therapeutics, as conducing to successful surgical practice. "Who," he observes, "will question, that there is more merit in saving one limb than in lopping off a thousand with the utmost dexterity?" He remarks, also, that the practitioner should be thoroughly acquainted with healthy and morbid structures, in order to qualify him for practice.

Mere dexterity in operating, without a proper appreciation of the pathology and treatment of surgical diseases, could not now, as was once the case, be recognized as the qualification of a safe and judicious surgeon. This branch of the profession is no longer to be taught and practised as a mere art; but a thorough and intimate acquaintance with the laws of health and disease, must constitute a part of the acquirements of every successful surgical practitioner.

The "Elements of Surgery" is divided into two parts; the first embracing surgical pathology and therapeutics, more especially; and the second, particular surgical subjects. In the first part, among others, are *inflammation*, its varieties and terminations; diseases of the *joints*; diseases of the *bones*; *aneurism*; *tumors*; *wounds*, including injuries caused by poisonous animals and insects; *tetanus*; *ulcers*, &c. Part second, includes injuries of the *head*; diseases of the *eye*, and its appendages; of the *nose* and nasal cavities; *rhinoplastic* operations; diseases of the *lips*, *palate*, *tonsils*, *tongue*, salivary ducts; wounds of the *face*; surgery of the *larynx*, *pharynx*, *oesophagus*; diseases of the *ear*; diseases of the *neck*; ligature of the *carotid*, *innominate*, *subclavian*, *axillary*, *brachial*, and *humeral arteries*; affections of the *chest*; of the *abdomen*, including *hernia*, *lithotrity*, and *lithotomy*; ligature of the common, internal, and external iliac, and the femoral arteries; distortion of the feet; disunited fractures; dislocations; together with numerous other subjects of great interest in practical surgery.

The author is bold and original in his conceptions, accurate in deductions, plain and concise in style; a combination of good qualities not often found united in a single volume. Mr. Liston, as truly remarked by the Editor, is not found cringing to authority; but, feeling his own strength and independence, he asserts with boldness his own views, and temperately, yet firmly, controverts those of doubtful character. Such an author does not add merely *another book* to medical libraries, but, by his enlarged and comprehensive views, extends our actual knowledge of the subject on which he treats.

The American Editor was induced to prepare an edition

from a consideration of the favorable reception the work had met with in this country; and a design to introduce it into the school with which he was connected, as a text book. The notes and additions, by Professor Gross, are well arranged and judicious, supplying some evident deficiencies in the original work. Among these we notice a very excellent article on strabismus, and another on club-foot. The former was omitted in the original work, and the latter imperfectly discussed.

The illustrations of the work are appropriate, and serve to demonstrate the operative part of surgery in a very satisfactory manner. The mechanical execution is in the usual good style of the enterprising publishers. We can cheerfully commend the "Elements of Surgery" to the favorable consideration of the profession. It may be obtained in this city of Messrs. Desilver & Burr, (formerly E. Lucas,) 112 Main street.

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ART. VI.—*Practical Surgery*; with one hundred and fifty engravings on wood. By ROBERT LISTON, Surgeon. Second American from the third London edition. With additional notes and illustrations, by GEORGE W. NORRIS, one of the Surgeons to the Pennsylvania Hospital. *Philadelphia, Thomas, Cowperthwait & Co., 1842, pp. 588.*

"Practical Surgery" and "Elements of Surgery" are not, as some have supposed, the same, being entirely separate books, written at different periods, by the same author. "Practical Surgery" was prepared during the summer of 1837, and in 1838 an American edition, with notes and illustrations, was published by Dr. Norris. In 1840 the author prepared the third edition, making various alterations and important additions, with a great many new engravings, to render the illustrations more complete. The *Second* American from the *third* London edition is the work before us.

The preceding remarks, on the "Elements of Surgery," in relation to the peculiar abilities of the author, are fully applicable to "Practical Surgery." The bold hand of a master is every where visible. Mr. Liston's object was *not* to make a



pedantic show of learning, for the purpose of captivating the public; but, like a true philosopher and philanthropist, he divests the subject of its obscurity, and exhibits, in a plain, common-sense view, facts and principles, which should guide the student and young practitioner in their early, arduous, and embarrassing efforts in practical surgery. Some authors have a peculiar and gifted facility in obscuring subjects upon which they treat. Extremely anxious to convince their readers that the whole subject is within their easy grasp, these prosing, and as they fondly believe, *profound* authors, add matter to matter, until the vast amount shuts up within its own labyrinths the truths it may contain, and the whole becomes almost as a sealed book. These, however, are mere compilers; but when we meet with such an author as Mr. Liston, and observe his plain, common-sense views, arranged in the most natural and simple style, enlivened with the freshness of originality, the mind is concentrated upon the subject, and its truths are imbibed with the greatest facility.

The work before us is one of the most eminently practical with which we are acquainted; and we do not recollect any work on surgery that would give the student more correct and judicious views than this; while the illustrations are so complete as to render it almost equivalent to actual demonstration.

The work embraces, division of parts by the knife, ligature and escharotics; treatment of wounds; injuries of bones, including all the varieties of fractures and their treatment; diseases of bones; injuries and diseases of joints; injuries of muscles and tendons; injuries and diseases of blood vessels; injuries and diseases of integument and cellular tissue; restoration of lost parts; morbid growths and enlargements; amputations; injuries and diseases of the mucous canals and cavities; injuries and diseases of the genito-urinary organs; injuries and diseases of the serous cavities; hernia; congenital deficiencies and deformities.

These subjects, discussed with the great ability of the author, and the many important additions by the able American editor, together with the numerous wood-cuts, constitute the work one of the very best extant, for the student and young prac-

itioner; and even the experienced surgeon will derive aid from its careful study.

The mechanical execution of the work is in superior style, and reflects the greatest credit on the publishers. It is for sale in this city by Messrs. Desilver & Burr, (formerly E. Lucas'), 112 Main street.

## MISCELLANEOUS SELECTIONS AND INTELLIGENCE.

1. *Trismus and Tetanus Traumaticus Cured*.—G. H. W., aged 15, cowherd, injured a finger of his left hand. Being exposed to cold and wet weather, was, in consequence, taken with trismus and tetanus traumaticus, and admitted into the Hospital July 17th, 1841, five days after the attack. The medicine administered was at first calomel with opium, then opium alone, and at last opium and camphor; in the beginning in increasing and afterwards in decreasing doses. From July 17th to August 12th patient took, besides calomel grs. xvj. and daily alkaline baths, pure opium grs. 377 and camphor grs. 290; at the height of the disease, he took, for three days in succession, every 24 hours opium grs. 15. and camphor grs. 30. On the 25th August, 1841, he was discharged cured.—*From the Report of the City Hospital, Osnaburg.* F. R.

2 *Nature and Treatment of common Toothache*.—Mr. T. Wilkinson King lays it down as a principle, that carious teeth ought not to be removed, and that their loss is fraught with mischief. Toothache is, in his view, a disturbance of the balance of the capillary circulation in the central cavity of the tooth, whether produced by local irritation or disturbance in the general system. It is connected with decay in the hard substance only thus far, that by means of this decay a communication is established between the central cavity of the tooth and the external air, in consequence of which its vascular and sensitive lining becomes susceptible of pain, and subject to foreign impressions. No longer confined within unyielding walls, it now becomes capable of unusual vascular injection and tumefaction; and while especially liable to disturbing influences from without, such as pressure, change of temperature,

local stimuli, &c.; it is also in a situation to be affected by those constitutional disturbances, whereby the balance of the capillary circulation is deranged, and determination of blood to particular parts produced. Our object in curing toothache, if these views are correct, must be to restore the balance of the capillary circulation. The means which the author recommends to effect this purpose are threefold. First, those which locally contract the capillaries, as camphorated spirit, &c.; and, if the affected spot be both accessible and limited, our attempts will generally prove successful, at least for a time. Next should be considered, if need be, the means of diverting the capillary fulness to other parts of the body—for which purpose he recommends warmth, diffusible and local stimuli, purging, diaphoresis, fasting, &c. Lastly, we must seek to prevent a recurrence of the attack, by promoting the free nutrition of the capillary system, by means of a somewhat stimulant diet. Thus the tone of the vessels will be restored, and a power of resistance communicated to them against the constant causes of disturbance to which they will continue exposed. Though too commonly altogether neglected, it is only by attention to this last point that we can hope to give permanent relief.—*Am. Jour. Med. Sci.*, from the *Lond. Med. Gaz.* June 21, 1842.

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3. *Death from Lightning.* By Professor CARRESI. (Read at the Scientific Congress, held at Turin, in September, 1840.)—Professor Puccinotti, in his treatise on Legal Medicine, announces a sign of death from lightning, which is not imitable by human malice, and may, therefore, be considered as pathognomonic.

The eyes of those who are killed by lightning, are found brilliant and protruding, so that the eyelids cannot be closed over them. It is exactly in the two lateral segments of the albuginea thus left open, that the sign in question is observed, and which may be considered as a sanguineous capillary infiltration, or an electrical burning. It consists in dark, bloody spots, of a conical form, and much resembling an inverted pterigium. They occupy the side of each eye, with their bases towards the iris, and their acute angles corresponding to the internal and external angles of each eye.

This mark of death from lightning is usually accompanied with an injury of the epidermis resembling a burn. Small portions of it are found separated, and rolled up, and crisp, and sometimes wounds of an oval shape are noticed, passing from right to left in an oblique direction, and extending into the subcutaneous cellular tissue.



Professor Puccinotti is disposed to attach equal importance to both of these signs as characteristic of this kind of violent death. Not so, however, with Professor Carresi. In three cases, seen by him at different times, the dark bloody spots in the eyes were invariably present, but the injuries to the epidermis of the wounds were wanting. In one case only, there was, on the back of the right arm, an apparent hardness and scorching of the skin, surrounded by an areola. Its size was about an inch, and its shape quadrangular.—*Am. Jour. Med. Sci.*, from *Achives de la Medicine Belge*, March, 1841.

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4. *Nature and Treatment of Scrofula*.—After enumerating the different forms of scrofulous cachexia, Dr. Roesch arrives at the conclusion that scrofulous affections are produced by an excess of acid matters in the fluids of the body. Agreeing with the ancient physicians in his theory of the disease, he recommends their plan of treatment, viz., absorbents, alkalies, and fat or oily matters. He says he has observed, that, in those countries where the children get a quantity of lard and other fat matters with their food, that scrofula is extremely rare. Cod-liver oil, is, therefore, according to him, one of the most suitable remedies to administer in this disease; seeing it possesses the rare properties of being at once a stimulant, a roborant, an antacid, and nutrient. He considers that the iodine in it will have a very secondary effect, the other properties of the oil being the most valuable.—*Am. Jour. Med. Sci.* from *Haeser's Archiv.*, Oct., 1841.

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5. *Death of Physicians*.—Death has been busy of late amongst the savans of our profession. Monsieur Double, quite a distinguished physician, and known favorably for his devotion to his profession, which led him, some two years since, to refuse a Peerage, which was offered to him on the condition of his relinquishing the practice of medicine, was the first of four of his contemporaries to be called to his last account. His death was occasioned by pulmonary apoplexy, and hastened by his obstinacy in refusing to call in medical advice; continuing to treat himself for another disease, until the last two or three days, when his friends positively insisted on the attendance of M. Andral. M. Double was not an author of any note, but in the enjoyment of a large and lucrative practice, and closely allied with many of the most distinguished characters of the day. It was at the house of Marshal Soult, and whilst seated in the garden, between the Marshal and his lady, that he experienced the first attack of the disease which terminated in his death.

Monsieur Edwards, the distinguished zoologist, and member of the two Academies of Sciences and medicine, died at Versailles, within a week or two after the death of Dr. Double.

The celebrated chemist, Pelletier, a professor in the Paris School of Pharmacy, and likewise member of the leading Academies of Paris, died on the 22d July, much regretted by all who knew him. It was to him, in conjunction with Caven-  
tous, that the profession, and community at large, owed a lasting debt of gratitude, for his experiments on the vegetable alkalies, and the discovery of quinine.

The immortal Larrey was the last to feel the stroke of the dread leveller. He died at Lyons, on the 25th of July, on his return from Algiers, where he had been sent by the minister of war, to make a medical inspection of the army. Fortunately, his son had accompanied him, and was present to render the last services to his distinguished father. The body was transported to Paris, and interred at Pere La Chaise, where the city had gratuitously furnished a vault for its reception, with considerable pomp and ceremony. Eloquent eulogies were pronounced over the tomb—by BRESCHET, in the name of the Institute; PARISSET, its perpetual Secretary, for the Royal Academy of Medicine; MICHAEL LEVY, in the name of the Professors of the Military School and Hospital of Val-de-Grace; BAUDENS, in that of the French Army; and GUYON, for the Army of Africa. Military honors followed; and the scene closed over the great Surgeon of the Armies of the Empire, one of the most devoted followers and friends of Buonaparte. It would require too much space to trace here a biographical notice of this Chief of Military Surgeons. His life was so eventful a one, that many pages would be required for that purpose. He has left works behind him, however, which must always survive, and the name of Larrey will go down to posterity coupled with that of his friend and benefactor, the great Emperor.—*Correspondent of Med. Exam.*

6. *Terrestrial Heat.* By Dr. JAMES LAKEY, of Cincinnati, Ohio.—I send you a few facts and remarks relative to the comparative heat of a few places; the facts, however, are not numerous enough at present to enable the inquirer to draw final conclusions from them.

According to the theory of Fourier, a French philosopher, the actual amount of solar heat annually poured upon our little planet would be sufficient to melt a coat of ice 14 metres (about 47 feet) thick, encrusting the whole globe of the earth. This heat is not equally distributed upon every part of the earth's

surface. It differs a little in each temperate zone in quantity and intensity, and the disparity is thought to be much greater if we compare the Arctic with the Antarctic circle—the temperature of the latter being much lower than that of the former. But man is the most interested in the natural history of the two temperate zones. It has been said that the average temperature of the air is less in a given latitude in the southern zone than in the northern; but correct tables are very much needed in the present infant state of natural science, we have not facts sufficient to sanction or set aside this assertion. The heat of a particular place is increased or diminished by so many disturbing causes, that no correct conclusions can be drawn from a few solitary facts.

Here follows a register carefully kept at Hobartstown, Van Dieman's Land. It was obligingly sent to me by a very intelligent officer of an American whale ship, who has recently returned from the southern hemisphere.

Hobartstown is in south latitude  $42^{\circ} 53' 3''$  east longitude  $147,28$ .

*Register for the year 1841.*

Months.	Ther.	Bar.	Inch. rain.
January,	70°	29.7	0.0
February,	70	29.8	3.5
March,	68	29.9	0.3
April,	64	29.7	1.9
May,	57	29.5	0.7
June,	53	29.7	1.3
July,	49	29.5	1.7
August,	51	29.6	0.7
September,	55	29.7	1.1
October,	62	29.7	3.7
November,	65	29.4	1.7
December,	68	29.7	0.3
Mean,	61°	29.6	16.9

<i>Winds.</i>	N.N.	W.W.	S.W.S.	S.E.	E.N.E.			
Days	45	96	31	44	68	61	5	15

If the annual amount of heat at Hobartstown be a fair sample of the Island, its temperature is considerably higher than that of those places lying at the same distance from the equator in the United States. It is about equal to that of the cities in Western Europe. The annual heat of Rome, lat.  $41^{\circ} 54'$  being 60.70, that of London, 50.39, of Edingburg, 47.31.

In Bath, Maine, (lat.  $43^{\circ} 54'$ ) the heat of the year 1840, was 47.3. In Trenton, N. J. (lat.  $40^{\circ} 13'$ ) for the same year, 49.21.



At Newtown, Bucks county, Penn., (lat.  $40^{\circ} 14' 30''$ ) the mean heat for 1839 was 52.85, and for 1840, was 51.53. It will be observed that I do not compare the heat of Hobartstown with any European or American town below the 40th parallel of latitude.

It would require a description of Hobartstown, and a register kept for a series of years, in order to arrive at any accurate result as to the climate of Van Dieman's Land. Comparative fertility, or comparative barrenness does not depend on heat alone. Intelligent Englishmen, who have visited Van Dieman's Land, say that neither Indian corn [maize] nor tobacco can be raised upon that island.—All attempts to cultivate these articles have hitherto proved unavailing.

Maize and tobacco are raised in immense quantities in the corresponding latitudes of the North and even farther from the equator than the southernmost point of Van Dieman's Land. This is the fact in every degree of longitude where civilized man has settled.

The quantity of rain that fell at Hobartstown, in 1841, is very small when compared with the annual amount in the corresponding northern latitudes. If 16.9 inches of rain be the fair annual average, the disparity must be immense between Van Dieman's Land, and any place in a corresponding latitude in Europe or North America. In the meteorological register, kept from 1829 to 1830, both inclusive, and published by Dr. Lawson, Surgeon General of the U. S. Army, I find the following remarks in a note:—

“To determine the quantity of rain that falls upon any part of the earth's surface, is an important point in meteorology. The table now given affords evidence of the valuable information derived from this source. The data, however, are not sufficiently extensive to authorize general conclusions. West Point gives the highest mean in the table, the annual quantity, viz., 79.82 inches. This phenomenon may be referred to the local circumstances of the place, as high mountains are supposed to have an attraction for the clouds, while their low temperature promotes the formation of rain.”

This amount far exceeds the usual quantity of rain that falls in our country, and no doubt the learned Dr. Lawson has given the true cause, as many of the mountains on the banks of the Hudson rear their heads above the clouds. \* \* \*

Let Hobartstown be compared with Bath, as it respects the annual quantity of rain that falls in each place, as the latter is not in the vicinity of high mountains, and its distance from the sea is nearly the same as the former:—

The annual average of rain, for nine years, that fell at Bath, Me., is 37.08 inches. The amount of rain that fell at Hobartstown, in 1841, was 16.9 inches.

The distance of Bath from the equator is  $43^{\circ} 54'$ . The distance of Hobartstown from the equator is  $42^{\circ} 55' 5''$ . The altitude of these places, I believe, is about the same, and the difference of one degree of latitude could not produce this great disparity in the amount of rain. To what cause can it be attributed? Can it be owing to the greater proximity of the sun to the earth, during the short southern summer? Perhaps the amount of rain that fell in Hobartstown, in 1841, is not a fair proportion for the whole island. Perhaps the difference in the depth of rain between Hobartstown and Bath would not be so great, if we had a nine years' register of the former, as we have of the latter place.—*Cin. Chronicle*.

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7. *State of the Pulse in Diseases of the Heart*.—According to Dr. Hope, the following modifications of the pulse take place in diseases of the heart.

Simple hypertrophy of left ventricle—*Strong and tensely prolonged*. Hypertrophy with dilatation—*Strong, tensely prolonged, and large*. Hypertrophy with contraction—*Tense but small*. Dilatation with hypertrophy, dilatation being predominant—*Large, and rather prolonged, but soft*. Dilatation with attenuation—*Large and weak, becoming small* in the last stage. Softening—*Small, weak, irregular, unequal and intermittent*. Free regurgitation through the aortic valves—*Eminently jerking*. Contraction of the aortic valves—*Strength little impaired, unless the contraction be very great. Regularity seldom affected, except by extreme contraction*. Contraction of, or free regurgitation through, the mitral valve—*Small, weak, irregular, intermittent and unequal*. A large polypus formed before death—*Suddenly causes a small, weak, irregular and intermittent pulse*. [In Duke's case reported in the *Lancet*, the pulse was mostly *soft, slow and regular*.] Endocarditis with polypus—the same. Pericarditis, with much serous effusion compressing the heart—the same.

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8. *Properties of Ergot*.—Dr. Fife states, in the London and Edinburgh Journal, that ergot is useful in *polypus uteri*, attended with profuse hæmorrhage,—*menorrhagia*, when there is no inordinate action of the heart and arteries, or morbid sensibility of the uterine system,—in *leucorrhæa*, when independent of inflammation,—in *chlorosis*, with amenorrhæa,—and in *dysmenorrhæa*. The doses recommended are gr. x. to ꝑj. of the powder, ʒss. to ʒj of the tincture.

Dr. Cattell, in a paper in the Edinburgh Medical and Surgical Journal states—1. That in three cases puerperal convulsions were clearly traceable to the effects of ergot. 2. That it favors the production of the hour-glass contraction. 3. That it tends to produce hydrocephalus in early infancy. He thinks ergot useful only in cases of uterine hæmorrhage.

M. Bonjean, of Chambéry, has determined by experiments—1. That the ergot gathered the first day of its formation has not the poisonous property which it possesses when taken on the sixth day. 2. That a heat of 212° F. produces the same effect as gathering it too early. 3. Fermentation deprives it of its properties. 4. That old and damaged ergot loses nothing in this respect.

[M. Bonjean fully recognizes two properties of ergot, viz., an oily substance soluble in cold æther, and which is poisonous; another, a watery extract, in which its parturient property resides. In the first number of the *Lancet* we referred to these separate substances, as producing distinct effects, and urged the necessity of supplying a preparation which would not contain the oil. We still insist, that the watery infusion, or tincture, are the the only preparations that should be employed; and, if given in substance, the presence of the poisonous oil will often interrupt its parturient action, and prove otherwise injurious. We suppose, also, that high arterial excitement, or unusual nervous irritability, would prevent the proper parturient action of ergot; and that these conditions should be remedied, the one by bleeding and the other by opium, prior to the administration of the ergot.—*Ed. Lancet.*]

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9. *Belladonna in Epilepsy.*—Dr. Debreyne, lecturer at La Grande Trappe, Orne, states that he has used the belladonna extract in about two hundred cases of epilepsy, during the last twenty-five years, and generally with advantage. The more frequent the fits, the more readily is the complaint influenced by the medicine; but when they occur once in five or six months, the cure is more difficult. In such instances the medicine should be given before the expected attack. Mode of administering:—Four scruples of the watery extract of belladonna are mixed with two of powdered gum arabic, and a sufficient quantity of inert powder to make 120 pills; one of which is given the first day, two the second, the dose being gradually increased to six in the twenty-four hours, or even more if injurious effects do not arise.



10. *Formulæ Alterative Powder.*—R. Hydrargeri cum creta gr. iij.—vj.; pulv. doveri gr. j.—v. Hydrarg. cum creta is a preparation of great value, especially in gastro-intestinal irritation of children. It is decidedly preferable, in such cases, to calomel.

*Alterative Pills.*—R. Pil, Hydrarg. gr. iij.; ext. hyoscyami gr. iij.; pulv. ipecac. gr. j. Divide in two pills.

*Antacid Mixture for Children.*—R. Magnes. calc. ʒj.; spirit. ammonia aromatic ʒss.; syrup aurantii ʒij.; aq. calcis, aq. distill. aa. ʒij.—M.

*Detergent Gargle.*—R. Liq. calcis chlorin. ʒiv.; mell. ʒj.; aq. distill. ʒij.—M. A table-spoonful to be mixed with a glass of warm brandy and water, and used as a gargle.

*Astringent Gargle.*—R. Alum ʒj.; acid sulph. dil. mxx.; tinct. myrrh ʒij.; decoct. cinchon. ʒvj.—M.

*Caustic Solution of Iodine.*—R. Iodine, potass. iod. aa. ʒj.; aq. distill. ʒij.—M. To destroy weak granulations, &c.

*Lotion for Headache.*—R. Liq. ammon. 100 parts; distilled water 900 parts; marine sult. 20 parts; camphor 2 parts. Dissolve in cold water.—*Raspail.*

*Alterative Pill.*—R. Ext. Conii, pil. hydrarg. aa. gr ij.—Mix. To be given at bed-time. This pill is valuable in habitual constipation attended with deficiency of secretion.

*Hydrogogue Cathartic used in Dropsy.*—R. Bi. tart. pot. ʒiss.; sulph. pot. ʒss.; pulv. scillæ ʒij.; ant. tart. gr. ij.—M. Dose, one or two tea-spoonfuls, repeated as indicated.

11. *Dinner to Dr. Randolph.*—A large number of the professional friends of Dr. Randolph, of Philadelphia, welcomed his return from Europe with a public dinner, on the 7th September.

12. *Use of Opium.*—The New York papers state, that, since the suppression of the use of ardent spirits, opium eating has been greatly on the increase.

13. *University of New York.*—This institution has determined to prosecute the proprietors of the New York Lancet, and the Herald, for alleged misrepresentations and libellous language on the part of these prints.

# THE WESTERN LANCET.

CINCINNATI, NOVEMBER, 1842.

## CHRONIC LARYNGITIS.

WE invite the attention of our readers to the following communication, and hope they will give it that consideration which the importance of the subject demands. Chronic laryngitis of public speakers deserves, as it doubtless will receive, the most patient investigation from the committee; and, for the purpose of placing before them such facts as may aid their researches, physicians and public speakers are invited to contribute any thing illustrating the nature and treatment of this affection.

*To the Editor of the Western Lancet.*

SIR:—The *Medical Convention of Ohio*, at its meeting in the month of May last, set on foot an inquiry into the “*causes and prevention of the Chronic Laryngitis of Clergymen and other public speakers*,” and appointed *Dr. G. W. Boerstler*, of Lancaster, *Dr. C. C. Sams*, of Hillsborough, *Dr. E. Fisher*, of Waynesville, *Dr. J. A. Warder*, of Cincinnati, and the undersigned, a committee, to collect information, and make a report at the next meeting of the Convention. To enable them to discharge this important duty with greater success, the committee respectfully solicit, from their brethren, histories of cases, and facts of every kind, having a bearing on the subject. They also request communications from clergymen, and other public speakers, who may be afflicted with that malady; to whom they would remark, that the disease is what is improperly called *bronchitis*. The “throat disease” of clergymen may be combined with *bronchitis*, but is not of itself that affection.

Communications may be made to either member of the committee, according to the convenience of their authors. It is desirable to receive them at an early day.

DANIEL DRAKE, M. D.,  
Chairman.

Medical Institute of Louisville, Nov. 5th, 1842.

## POISONING BY MUSHROOMS.

*To the Editor of the Western Lancet,*

SIR:—We have purposed giving you the details of a fatal case of poisoning from eating of that class of cryptogamous plants known as *toad stool*, but time has heretofore been wanting. I merely wish now to call the attention of some able chemist to the case, in hopes that some light may be thrown upon the nature of the poison contained in the plant. In this case it occasioned death in twelve hours after being eaten. The symptoms were excessive vomiting in the beginning, (commencing two hours after the eating,) with copious bloody evacuations from the bowels, accompanied with convulsions, in one of which the little patient expired.

The child was eighteen months old, healthy and robust. Not being called in the beginning of the case, I cannot speak positively about the ejections from the stomach, but I think they were bloody also. No post mortem was allowed, consequently, I can give you none of the autopsic evidences of its effects upon the organs of digestion and the intestinal canal.

This case occurred the 15th of August—can you give us any light upon it?

Truly yours,

C. B. GUTHRIE.

Granville, O., Oct. 24th, 1842.

This is an interesting subject, and merits more attention than it has received. The principal poisonous mushrooms are the following:—*Agaricus muscarius*, or fly agaric; *a. piperatus*, pepper agaric; *a. necator*, deadly agaric; *a. bulbosus*, bulbous agaric; *a. chantarellus*, champignon. These different species so nearly resemble those that are edible, that it would be impossible for the most experienced practical botanist always to distinguish one from the other. Nor is this the only difficulty. Those species which, under some circumstances, are eaten with impunity, when placed in adverse conditions, acquire virulent properties. Even the *agaricus campestris*, when it grows in a wet and shaded soil, and springs up rapidly, becomes poisonous. Considering these fungous growths as an unnecessary luxury, and, under the most favorable circumstances, as of doubtful salubrity, and also the great liability of being poisoned, common-sense would dictate that they should not be eaten at any time, nor under any circumstances.

With regard to the nature of the poisonous principle contained in mushrooms, no very definite results have followed the analysis of this



substance, and consequently no certain antidote has been discovered. Chemists have detected a volatile matter, highly deleterious. The effects of this material prove it to be an acrid narcotic poison, exerting its influence upon the gastro-intestinal mucous surfaces, and the nervous system.

There is another point of interest connected with this subject. Mushrooms occupy an intermediate place between animal and vegetable substances, containing animal matter resembling osmazome. The fact that innocuous species of agaricus become highly deleterious when placed under circumstances favoring their rapid growth, renders it not improbable, that the poison may be a product similar to that subtle virus occasionally developed in the animal system, and which produces such violent effects when applied to other animals.

The treatment in the present state of our knowledge is sufficiently obvious, being regulated by general principles; and, in the case above narrated, our intelligent correspondent would probably have saved his patient, had he been called sufficiently early. As a suggestion, we will add, that those peculiar chemical agents chlorine, iodine, and bromine, particularly the former, possess properties which would justify their trial in these cases; and, if applied at a proper period, might possibly counteract the poison.

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OX-GALL.—Dr. Clay, of Manchester, Eng., has published some account of the medicinal effects of ox-gall, in derangements of the alimentary canal. It does not act as a purgative, but as a mere solvent of the *material* contained in the bowels; and, by liquifying the mass, excretions are favored. It is supposed also to be a tonic, and slight diuretic. The preparation used, is the recent gall of the ox, evaporated, to the consistence of an extract, and formed into pills. He supposes, that, when the bile is deficient in quantity or quality, an artificial supply may produce highly beneficial results. It is further suggested, that the effects of opium, in arresting secretion of bile, and producing constipation, may be obviated by combining it with ox-gall.

It is not at all improbable, that this material may possess valuable medicinal properties; indeed its intense bitterness would indicate the presence of a tonic; but to suppose that a deficiency of bile can be supplied by artificial means, is the height of absurdity. In the first place, there is no conclusive evidence, (although many so regard it,)

that bile exercises a vital influence on the intestines, either in aiding the peristaltic motion, or in facilitating digestion. We believe bile to be entirely excrementitious; an effete material, no longer required by the economy, but destined to be conveyed out of the system, as useless. In the absence of bile, then, the indication is, not to supply it artificially, but to excite the secretions by which it may be removed from the system. In the second place, admitting the position referred to, it would not be very probable that an artificial supply would compensate for a natural deficiency.

The recommendation of Dr. Clay, and other circumstances, however, render it not at all improbable, that ox-gall may possess tonic powers, peculiarly congenial to the alimentary canal. Its administration, if not beneficial, would certainly not be injurious; and it would, therefore, be well for practitioners to make trial of its virtues in cases of debility of the intestinal canal, attended with constipation. If such trials are made, we would be gratified to be favored with the results.

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**PETRIFICATION OF ANIMAL SUBSTANCES.**—The extraordinary art possessed by Sig. Segato, a Florentine physician, of petrifying animal substances, excited the admiration and wonder of all who saw them. He had discovered a chemical process by which all animal substances, morbid or natural, could be preserved; exhibiting their natural form, color, and internal structure. It is stated by those who saw the specimens, that, in one instance, he had cut them into small squares, and arranged them in tables of most beautiful *Mosaic work*! Various parts of the human system, together with numerous reptiles, were preserved in the most perfect manner; but being obnoxious to the government, he was unable to obtain a sufficient number of subjects to exhibit his art in all its beauty and usefulness. Segato died in 1836; and, although urgently solicited by his friends to disclose his wonderful art, he obstinately refused, and his secret died with him.

It has recently been stated, that a young physician of Rome has succeeded in discovering a method of petrifying all organic substances, without material change of color. If this statement is true, science will yet be favored with the extraordinary art that perished with Segato, unless the Roman should prove equally selfish.

**COD-LIVER OIL.**—We have scarcely looked into a medical journal for the last twelve months that has not contained something eulogistic of *cod-liver oil*. This *fish oil* is rapidly being manufactured into a catholicon. Some suppose it to be beneficial in rheumatism, others extol it in chronic cutaneous affections, not a few recommend it in coxarthrocace, while many are quite certain that it will cure opacities of the cornea, rickets, scrofula, and tubercular disease. We cannot believe it will cure all these affections, or any one of them, or has ever proved even a tolerable paliative. Philosophy has failed to explain the *modus operandi* of cod-liver oil. It does not observe the ordinary laws of nature in exercising its sanative influence, but, in a secret and mysterious manner, pervades the system and subdues disease.

Cod-liver oil, (or, in more technical phraseology, *oleum morrhue*, and in German *stockfisch liberthran*,) hails from Germany, that mysterious country, in which the brilliancy of philosophy and blight of deep delusion commingle in such strange confusion. If hydrosodopathy does not sufficiently dilute *homœopathy*, it should be well lubricated with cod-liver oil, which will effectually resist the obstinacy of the most fastidious.

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**ACTION FOR SLANDER.**—Dr. March, of Albany, New York, was prosecuted by one Davison, for stating that the latter had killed a patient by making applications to cure cancer. The defendant justified the charge, and proved, that a number of patients who were placed under Davison's care speedily became worse and died. The medical witnesses examined for the defence, were unanimously of opinion, that the symptoms in these cases did not proceed from *cancer*, but were the effects of *poison*. A witness was sworn, who *reluctantly* stated the composition of Davison's plaster to be the following:—1½ lbs. white or blue vitriol; 4 oz. *yellow arsenic*; 4 oz. rock salt; 4 oz. crude sulphur; with yolk of egg to form a salve. To show Davison's ignorance, and that the cases might not have been cancer, it was proven, that he applied his salve to what is termed "rum blossoms," and "mother's mark," supposing them to be cancerous. The jury gave a verdict for the plaintiff of \$55 and costs!

The testimony, as contained in the report before us, would seem to sustain the allegation in the most positive manner; and how an intelligent jury could, in view of the facts proven, return a verdict for damages, is beyond our comprehension. The plaster contained arse-



nic, it was applied to a denuded surface, readily passed into the circulation, and the patient died with symptoms of poisoning. All this was known to the jury, and would seem to constitute a chain of circumstantial evidence amounting to demonstration.

We very much doubt whether the jury could be induced to use the plaster on themselves, either to cure grog blossoms, mother's mark, or cancer.

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**SHURTLEFF MEDICAL COLLEGE.**—We have received the Alton Telegraph, containing a brief history of the above institution, and a summary of the plan of instruction adopted by its professors. The faculty of this college will receive pupils for the term of three years, superintend their medical education, and deliver lectures the year round. For the whole, a specified sum per annum will be charged, amounting, as is set forth in the paper before us, to a less sum than is usually required for a single course of four months. No definite term of study is required before graduating, but a diploma will be conferred whenever the pupil is found qualified.

The particular object of the exposition before us, is to correct an erroneous impression, made by an article in the New York Lancet, awarding to the University of Virginia the merit of having first introduced the system above alluded to, when it really belonged to Shurtleff Medical College.

The period of public instruction, as usually adopted in our medical institutions, is too limited; and the amount of matter forced upon the student is altogether disproportionate to his time for proper reflection and compréhension. The whole system seems to be a forced one, in which the pupil studies against time; but it is a much more easy and agreeable task to point out the objection than to remedy the evil. As the matter now stands, the enterprising student, having complied with the "rules and regulations" of a medical college, considers himself, in some measure, to have acquired a legal title to a diploma; and, usage having created in the teacher feelings nearly similar, it too often happens that degrees are conferred where acquirements are sadly defective. How far the proposed plan will remedy these defects remains to be seen; but one thing is certain, that more rigid scrutiny is demanded than is usually exercised on the part of professors.—The proposition to grant diplomas when the pupil is found qualified, without reference to the period of his novitiate, seems rational and just.

No reasonable objection can be urged against the propriety of granting diplomas, when the requisite amount of knowledge had been attained; whether it is acquired in one, or one dozen courses.

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**ABSORPTION OF MEDICINAL SUBSTANCES.**—The question whether medicines are sometimes absorbed into the circulation, or produce their effects alone by sympathy, remains a contested point. By far the larger number of physicians believe, that medicines produce their effects both by absorption and by sympathy; and this opinion seems well supported by many important experiments and observations, not easily refuted. That medicinal agents have often been detected in the blood, or in the excretions, will, we think, scarcely admit of a reasonable doubt; and, if absorption thus takes place, the therapeutical effects of the remedy may be exerted through the medium of the blood.

The last experiment we have noticed on this subject, was performed by M. Landerer; who detected, as he states, quinine in the urine, and in the blood. The urine of a patient, who had taken quinine for intermittent neuralgia, was examined, and quinine was detected. Another patient had taken quinine for remittent fever, and upon the supervention of pleurisy, blood was drawn, in which quinine was detected. The quinine was found in the serum, which was bitter, and yielded the medicine by evaporation. The coagulum was but slightly bitter, and contained less of the medicine than the serum.

The absorption of medicinal agents is a subject of but little practical importance, for we see those who believe the doctrine administer medicines by the same rules as do those who adopt the views of the solidists; it is, nevertheless, of some moment, under particular circumstances, to arrive at correct conclusions on this subject, and, consequently, any experiments tending to settle the question should be carefully noted.

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**MEDICAL CLASSES.**—The prediction that medical classes in the West would be greatly reduced the present session, in consequence of the scarcity of money, is likely to prove untrue. The Medical College of Ohio, we are informed, has a class quite equal to former years; and, from Lexington and Louisville, Ky., we learn that the prospects are highly flattering.

**QUACK MEDICINES IN ENGLAND.**—It is stated upon good authority, that forty years ago, quack medicines yielded to the British government an annual revenue of about £14,000. In 1841, the amount realized by this *nefarious traffic* reached the sum of £50,000. In the United States, the consumption of patented nostrums is enormous; and the cupidity of venders on the one side, and the credulity of the people on the other, seem likely to perpetuate these destructive habits. If governments had consciences they might be influenced; but, in the absence of this guide to honesty, and while money is the ruling spirit, no reform can be expected; and hence, civilized governments, pretending to guaranty protection to its citizens, present the anomaly of extending security to property, while health is not only left exposed to certain danger, but is absolutely indirectly assaulted by civil authorities.

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**QUAIN'S ANATOMY.**—This splendid work, with notes and additions by Professor Pancoast, containing nearly five hundred pages, royal quarto, and about two hundred engravings, is for sale in this city, by Messrs. Desilver and Burr. They have also a large collection of the latest medical works; and being connected with most of the extensive publishers of the Eastern cities, will regularly receive all new works as soon as issued from the press. The want of such an establishment in this city has long been felt; and we hope the enterprising spirit manifested by these gentlemen will be duly appreciated by the profession.

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**LITERATURE AMONG THE INSANE.**—A weekly journal has been commenced at the Insane Asylum, in Brattleboro', Vt., conducted by inmates of the Institution. The contents of the paper are said to be creditable to the literary acquirements and morals of the conductors. What a strange proposition! The insane confined in an asylum, instructing their more fortunate race, who happen to be at liberty. Who knows but these chaotic minds may develop matter congenial with the ultra spirit of the present age. The price of the paper is one dollar a year.



# THE WESTERN LANCET.

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Cincinnati, December, 1842.

No. 8.

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## ORIGINAL COMMUNICATIONS.

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ART. I.—*Death caused by a blow on the Epigastrium, with remarks on the judicial investigation of the case.*—By G. S. B. HEMPSTEAD, M. D., of Portsmouth. Ohio.

THE following testimony, medical opinion, and remarks, which were elicited in a trial for *homicide* in this county, at the August term for the year 1841, are reported with a view to draw the attention of the profession to a medico-judicial subject, which, as yet, has not been very satisfactorily explained. I allude to injuries inflicted upon the epigastrium, producing death when no marks of violence are discoverable. Dr. Beck says, death is produced by injury to the vital organs through the semilunar ganglion and solar plexus. These ganglia, formed from the nerves which support vitality, being injured or paralyzed, extend their influence to the heart and respiratory organs. The opinions of this justly celebrated medical jurist are entitled to the highest respect and consideration; yet, in the present instance, they are not sustained by the facts now to be presented.

On the 5th of July, at a *Dutch waltz*, three Americans forced themselves into the room, contrary to the wishes of the Germans, and a general fight ensued. In the melee, one German was killed by a blow upon the epigastrium.

The witnesses testified, that *Stemshorn*, the deceased, had taken no part in the affray, and did not appear to be at all interested, but was standing, an idle spectator, in the back room, in front of an open door, through which one of the Americans threw a stick of cord wood, end foremost, which struck the deceased on the epigastrium, when he wavered back and forward three or four times, and settled down upon the floor. A witness immediately raised him to a sitting posture, and, as he did not breathe or make any noise, he applied his finger to his wrist, and found the pulse beating regularly—he thinks for about two or three minutes after he received the blow. The deceased did not move or make a motion after he fell from his feet; yet, on being placed against the wall, he preserved his upright sitting position till the pulse ceased to beat.

These were the material facts elicited from those present, and the post mortem examination presented the following appearance. The face, neck, and chest highly *ecchymosed*; the intensity of color much greater than the reporter recollects ever to have seen in any case of asphyxia. No mark or appearance of injury on the epigastrium, stomach, or parts within the abdomen. Upon opening the chest, an unusually large cavity presented itself, occupying at least one-half of the anterior part of the chest—the lungs greatly collapsed, and lying back on either side of the spine, of a leaden hue, and free from irritation, bearing a strong resemblance to lungs which had never been inflated; to all appearance, there was no air in them. The heart was prominently elevated between the lobes of the lungs, with its right ventricle; auricle, and vessels engorged and completely filled with blood; while the left auricle, ventricle, and aorta were entirely empty. From these circumstances, and the testimony of respectable witnesses, the reporter was satisfied that the circulation was arrested, by the lungs, in its passage from one ventricle to the other, and that asphyxia, produced by the blow upon the epigastrium, had caused the death of the individual; he, therefore, made no further examination, and reported this opinion to the inquest. Before the traverse jury his views of the manner in which asphyxia was produced were more fully given. It was asked, by the counsel for the

defence, if the rupture of a blood-vessel of the brain, strangulation, or breathing deleterious gases, would not have produced the same appearances on dissection as were exhibited in this case?—The reporter replied, that the state of the lungs offered a strong objection to this position, as, under any of these circumstances, they would still have contained some air. In a case of asphyxia, the vital functions ceasing for want of *sensorial power*, the effect would be simultaneous in both heart and lungs, and the latter would still have contained that portion of air which always remains after every expiration. This, it is believed, would be the case also in hanging, breathing a deleterious gas, or in drowning. The same reasoning would apply against the opinion of Dr. Beck.—In a paralysis of the nerves of vitality through the solar plexus, the last portion of air would not be expelled from the lungs, neither would the heart continue its functions after the former had ceased to act; hence the accumulation of blood on one side of the heart, and its absence on the other, could not exist to so great an extent as in cases where the heart continued to act, after the lungs had ceased to move. In asphyxia from inhaling any gas which does not vitalize the blood, the lungs are expanded—the blood passes on to the left side of the heart, and is hence borne on to the brain and other parts; but, being deprived of that vitalizing property by which the energy and functions of the brain are sustained, the vital actions cease, and every organ suffers simultaneously. In drowning, a portion of air is retained in the lungs; hence some blood still passes, until, as in breathing a deleterious gas, the blood is no longer aerated, and the organs cease their action from the want of appropriate stimulation. When death occurs from breathing a deleterious gas, from strangulation, or from drowning, there is a portion of blood, some say about one-half what is usually found in death from ordinary causes, still found in the left ventricle, showing that blood had passed through the vessels of the lungs after the heart ceased to act.

It is stated by most writers on this subject, that the lividity of the surface is in proportion to the slowness with which death takes place. This may be explained by the fact, that the



blood which has been passing the round of circulation retains its color, and consequently its dark character, by which, without any accumulation about the right ventricle, the face, neck, &c., might exhibit a darker hue.

In the case of Stemshorn, the lividity was evidently from extravasation, no doubt owing to the fact, that no carbonated blood entered the left side of the heart, by which its own or the functions of other parts would be suspended or lessened; hence the larger and smaller vessels continued to perform their office until the whole nervous system became so much engorged as to produce ecchymosis in the capillaries. The asphyxia in this case was of the most perfect kind, evidenced by the perfect collapse of the lungs, the entire absence of blood in the left ventricle, and the extreme engorgement of the right side of the heart.

It was proved that the deceased had taken no part in the quarrel, but was a listless spectator, consequently the abdominal and respiratory muscles were relaxed, and unprepared to resist or break the force of the blow upon the epigastrium. The effect of this blow was to force up the diaphragm and compress the lungs, which, by the respiratory action, were already at the extreme point of expiration, and force out the last portion of air contained in their cells. The viscera thus displaced return suddenly, leaving a vacuum, to supply which atmospheric air rushes in with such force as to close the epiglottis, and, by its weight, keeps it closed. Under this state of the case, the phenomena which followed were perfectly natural.—1st. The lungs ceased to transmit blood from the right to the left side of the heart. 2d. The heart continued to act until the last drop of that stimulus, by which it is kept in action, was expelled. 3d. The blood was carried on so long as there was any in the vessels to stimulate them to action. 4th. The largest portion of the circulating fluid was crowded into the large veins and capillaries of the surface, till the latter could no longer sustain the weight. A blow upon the epigastrium would not produce death, except the abdominal muscles were relaxed, and the lungs at the extreme point of expiration.

Had Stemshorn been engaged in the quarrel, and been braced

up for action, ready to meet any antagonist who might present himself, it is believed he would have received no injury. The reporter has an esteemed acquaintance, who will, with perfect impunity, permit his friends, for amusement, to strike him with all their power with the fist upon the epigastrium. He prepares himself for it by expanding the chest and bracing the abdominal muscles.

The retention of a portion of air at every expiration is a great conservative principle of nature, which is brought into action much oftener than, at first view, might be supposed. Notwithstanding the frequency of the respiratory movement; yet, at the end of every expiration, this principle may be needed and brought into action. A foreign body coming in contact with the top of the larynx, at the instant of complete expiration, is prevented from entering by the closure of the glottis, and may be detained between the glottis and epiglottis, until, by the forcible expulsion of retained air, by the action of the respiratory muscles, the epiglottis is raised and the foreign substance thrown out of the air passages. But, if the air cells are perfectly empty, it will be perceived at once, that while the irritation continues the epiglottis must remain closed, as there is no power by which it can be raised for a moment. The expiratory muscles may be brought into strong action, yet no effect can be produced; and, as the epiglottis has no muscles by which it can be raised, a permanent closure of the glottis is inevitable, so long, at least, as it possesses any irritability.

Is it not probable, that the obstruction which occurs in inspiration in pertussis, proceeds from the rapidity and force of the air rushing in to supply a partial vacuum, produced by the extreme action of the muscles of respiration? The expiratory muscles are first brought into action, as if by an involuntary effort, to expel the irritating and offending matter in the trachea, which is continued until the system begins to feel the effect produced upon the circulation by the non transmission of blood through the lungs, when another rapid and involuntary effort is made by the muscles of inspiration to relieve this new sensation; the air rushes in, but, owing to the portion of air still retained in the lungs, the weight of the atmosphere is not suffi-

cient to force down the epiglottis and keep it close. At the moment of extreme respiration, would not a very slight blow upon the epigastrium produce death immediately? If this be the rationale of the phenomena which take place in whooping-cough, how useless are all antispasmodics, except so far as they may obviate the acrimony of the bronchial secretion, or lessen the irritability of the part.

Portsmouth, Nov. 14th, 1842.

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ART. II.—*Remarks on Cynanche Maligna*.—By the EDITOR.

The subject of *Cynanche Maligna*, or putrid sore throat, has given rise to much discussion, contradictory statements, and erroneous conclusions, both in regard to pathology and treatment. In offering a few observations on this affection, it will not be attempted to trace out all its sinuosities, or to examine all the doctrines that have been put forth; but our remarks will be confined to a few of its more interesting features.

Systematic writers have not devoted due attention to this subject; but, if we complain of remissness here, the numerous monographs, and short treatises that have, from time to time, appeared, well compensate in *amount* of matter, for other defects. In examining these various papers, we will be forcibly impressed with the contrariety of opinions, and collision of principles, that are every where apparent. The adherence to *systems*, and want of *eclectism*, originates this diversity of opinion. Changes in constitutional predisposition stamp a character not only on epidemics, but also influence, to some extent, sporadic cases of acute and chronic diseases. And, in the wide, illimitable range of medical investigation, such diversity of material every where exists, to be culled by no less variety of intellect; that unity of opinions could not rationally be expected, while *systems* instead of facts govern our observations.

The observations which we make on this subject are drawn



from the disease as it appeared in an epidemic form, several years in succession, during which time from one to two hundred cases were treated.

A diversity of opinion exists, among those who have noticed *cynanche maligna*, respecting its cause; while some suppose it to originate from atmospheric impurities, others (among whom are Cullen, Good, and Parr) regard it as certainly contagious. That conflicting opinions should arise, is by no means surprising, as there is such a striking similarity in the apparent mode of spreading between contagious and epidemic diseases, that it often becomes a difficult task to draw a well marked distinction; and, from every epidemic, facts and cases can be cited, which would seem to establish their propagation by contagion. Thus, in epidemic cholera, the contagionists and non-contagionists point with equal triumph to facts and cases in support of their views. This apparent anomaly is explicable on the simple principle, that, in epidemics arising from atmospheric contaminations, all who respire the air are equally exposed to the same morbid agent, and are subject to an invasion of the malady at any moment; consequently, if an attack supervenes after exposure to a prevailing disease, the unavoidable inference would seem to be, that it arose from contagion, when, in truth, the second individual attacked might have been under the influence of the remote cause prior to visiting the first. That such occurrences will be constantly taking place in all epidemics is abundantly evident; therefore, the circumstances attending a prevailing disease require a close analysis to determine the question with accuracy.

If a disease is disseminated only by exposure to an individual laboring under its influence, and as a result of such exposure an almost universal attack of the same malady takes place; then, and only then, are we justified in attributing the invasion to contagion. But, on the contrary, if a disease spreads through a community without being communicated from one person to another, attacks many simultaneously, and very frequently fails to affect those who are subject to a continuous exposure to individual cases, the conclusion is irresistible, that it is an atmospheric, and not contagious malady.

In *cynanche maligna*, so far as our observation extends, we have no well marked or demonstrable evidence of contagion. That it most usually attacks a majority of the infantile members of a family which it chances to invade, is, we admit, very true; but, according to the principle already adverted to, the explanation becomes plain and easy, without the aid of contagion. In diseases that are essentially contagious, few escape who suffer an exposure to the virus; but, in the disease under consideration, it is not an unusual occurrence for frequent exposures to take place with perfect impunity. It is well known, also, that acute contagious diseases are not subject to repetition; but, in *cynanche*, one attack does not destroy the susceptibility of the system to another attack. We have often observed a portion of a family attacked with the disease, while perhaps an equal number would entirely escape, although constantly exposed. These observations were so frequently repeated as to forbid the supposition, that they might have arisen from accidental circumstances, and therefore lead to no accurate conclusions. We, therefore, conclude, that *cynanche maligna* is not essentially a contagious malady.

The general characteristics of this disease may be thus stated: It arises from some unknown change in, or addition to, the atmosphere; it prevails at all seasons, but most abundantly during the latter part of summer and beginning of autumn; it usually attacks a majority of the junior, and occasionally some of the adult members of the same family; one attack does not afford an immunity from a subsequent invasion; it is not contagious, either in its origin or spread; it is not sensibly influenced in its general character by atmospheric vicissitudes, or general temperature; and it generally prevails as an epidemic.

Without detailing the common symptoms which usher in the disease, we remark, that the local affection consists in inflammation of the pharynx, commencing over the tonsils in the mucous membrane, but often extending to the subjacent cellular tissue. The inflammation—which seems to be of a specific character, as it is attended with results not common to ordinary phlogosis—speedily passes into ulceration, with more or less gangrene; or a membranous exudation may be thrown out

unconnected with ulceration. The inflammation and ulceration of the tonsils appear to be almost simultaneous. This is a very curious circumstance. We have never seen the disease sufficiently early to detect unequivocal signs of inflammation previous to ulceration, or membranous exudation. That these conditions can only exist as a consequence of the former is very obvious; but, in the present disease, they follow so rapidly as to seem almost coexistent.

It may be well to remark, that the approach of the disease often assumes such an insidious latency that it may exist unobserved until it becomes fully established. This is an interesting feature, and should always be borne in mind. We have repeatedly known children, of eight or ten years old, to have ulcerated tonsils, when the epidemic was prevailing, without being apprised of its existence, or making any complaint. This mildness of attack contrasts strongly with the great prostration, and other violent initial symptoms, described as often attending this disease. Indeed, in a majority of instances, even in those cases which finally proved the most violent, the strength, pulse, and temperature, were little changed from a natural standard.

The pathology of *cynanche maligna* has caused much controversy. The older authors considered it a disease of remarkable malignity, prostrating the vital powers, and passing rapidly into general putrescence and local gangrene. On the contrary, M. Bretonneau has described *cynanche maligna*, under the name of *diphtheritis*, and denies to it even ulceration, declaring that the appearance mistaken for that condition is only a membranous exudation.

That *cynanche maligna* is occasionally found connected with a state of the system of a highly malignant character, such as has been described in connection with this affection, is not denied; but that it does not constitute an element of the throat disease will be evident upon a little reflection. The disease of the throat is one thing, and those violent symptoms, occurring from the outset, constitute altogether another morbid condition, referable to different causes, and tending to other results. Thus the extreme prostration, symptoms of typhus or malignant fever, efflorescence, etc., occurring in conjunction



with cynanche maligna, are to be regarded as complications, and not as associated symptoms springing from a common cause.

Bretonneau supposes, that ulceration and gangrene do not take place, and inflammation with membranous exudation constitutes its peculiar features. Experience has convinced us of the fallacy of these positions. In many cases membranous deposit exists without *circumscribed* ulceration; but, even in those instances, when the membrane is removed, the mucous tissue presents an abraded appearance, in all respects analogous to ulceration. But the opinion, that ulceration occurs, does not rest on this testimony. By a careful examination, the tonsils will be found somewhat enlarged, and, upon one or both, appear superficial ulceration, irregularly circumscribed, and of a crimson color. Nor is this all. Gangrenous portions of membrane, of a dark color, have often been seen detached and thrown off in a form that would not admit of mistake.

One of the most important features of cynanche maligna, is its extension to the larynx, and other parts of the respiratory organs. It not unfrequently happens, that little attention is given to the first stage, and the morbid action progresses until the attendants are suddenly, though often too late, aroused to a sense of the patient's danger by the accession of this formidable complication. The period at which hoarseness, cough, and dyspnoea make their appearance, is various; most usually, however, they do not commence until the expiration of the first two or three days, and, if not relieved, the disease proves fatal in as many more. This symptom commences with hoarseness and cough, difficult respiration, and aphonia, which usually increase in intensity, until the patient, with a pale and sometimes rather livid countenance, dies asphyxiated. Upon the accession of this symptom it is usual to have a very marked increase of vascular excitement, showing at once the super-vention of a new local inflammation. The symptoms in these cases are often mixed, presenting decided evidences of neither croup nor bronchitis, though one or the other frequently predominates; and occasionally symptoms of pneumonia are witnessed.

We are anxious to draw special attention to the complication under consideration, being satisfied that it is the point on which the mortality of the disease turns. Dr. Cullen refers to four fatal terminations in *cynanche maligna*:—1. In consequence of extensive gangrene and *putrid fever*. 2. By extension to the alimentary canal, and superinducing exhausting diarrhœa. 3. The absorption of acid matter causing swelling about the neck, and suffocation. 4. By extension to the organs of respiration.

Forming an opinion from practical observation, we take the position that *cynanche maligna* rarely, if ever, proves fatal, except by extension of the disease to the respiratory organs; and we are very clear in the conviction, that this complication was the only immediate precursor of dissolution. We have seen gangrene and sloughing to a very alarming extent, detached portions of membrane and cellular substance have been discharged, per ano and by the mouth, several inches in length, abdominal tenderness, and exquisite pain upon swallowing stimulating ingesta, have occurred.—All these symptoms have been observed in their most aggravated form; and yet, in not one solitary instance, to our knowledge, have they been followed by a fatal result. It is therefore probable, that death, as a general rule, does not take place in *cynanche maligna*, except as a consequence of thoracic disease. When difficult respiration becomes a prominent symptom, the non-professional attendants often denominate it croup, and the probability is, that this error has not always been detected by the physician.

Bretonneau considers croup as one of the essential stages of this affection. The extension of the disease, however, to the larynx, schneiderian membrane, eustachian tube, and the gastric surfaces, is only a continuation of morbid action, by *continuous sympathy*, to other parts of a similar structure. Hence, these complications are not essential to the true development of the malady.

*Cynanche maligna* has been considered by many as one of the modifications of scarlatina. This error does not result from any obscurity in the disease itself; but the fact that sore throat is a usual concomitant of scarlatina, and, in a few instances, a

peculiar eruption attending the former, it is at once concluded that they are identical. Malignant sore throat being usually connected with scarlatina, constitutes no valid reason why the former should separately receive the name appropriated to the two conjointly.

Sore throat is not indispensable to scarlatina, neither is the latter indispensable to the perfect development of the former. Each is a distinct and idiopathic disease, and are often found prevailing separately and distinctly, but frequently existing in union; indeed, there seems to be a strong affinity existing between them, so much so, that they are usually found coexistent. When scarlatina is connected with cynanche maligna, it no longer preserves its original and idiopathic character, but is a combination of two separate and distinct diseases, constituting *scarlatina anginosa*. Inasmuch as we often find these diseases existing independent of each other, we are forced to believe that they are radically distinct, and that this union is not essential to the development of either, but is entirely a fortuitous occurrence. As a general rule, in an *epidemic*, the scarlet efflorescence should be regarded as a pathognomonic symptom of scarlatina, and is the only sure diagnostic upon which we can rely; and the fact of solitary cases occurring unattended with the characteristic cutaneous inflammation, would only prove, that some occult cause had diverted the disease from its usual course, and suppressed the eruption; or, more correctly, that it was a different and distinct disease, elaborated by the same cause operating on a peculiar constitution. On the other hand, in epidemics of cynanche maligna, some rare cases will present scarlet efflorescence, or some form of eruption; but surely we cannot conclude that those cases should give a character to the whole epidemic, any more than we would denominate all scarlatina *cynanche*, because a few cases would, per chance, be unattended with eruption. Here, then, is the rule; where an epidemic possesses all the characteristics of putrid sore throat without cutaneous eruption, or when this symptom is but rarely seen, we are bound to recognise the disease as cynanche maligna; but, where another epidemic is characterised by the peculiar scarlet efflorescence, even supposing it to be



absent in a few rare cases, we must admit the general disease to be scarlatina.

There are, moreover, other differences between these maladies, which tend still more strongly to mark their distinctive characters. Scarlatina, like small pox, measles, &c., destroys the susceptibility of the system to a second attack; but, as has been observed before, this is not the case with cynanche maligna, as we have known several attacks in the same person. The general constitutional affection in scarlet fever is much more violent than that observed in cynanche; the latter, indeed, often makes its approach in such an insidious manner that the patient is in imminent danger before the disease has attracted much notice. There is another point of difference.—The anguinose affection in scarlatina sometimes does not appear for several days after the accession of fever; but, in cynanche maligna, the ulceration of the tonsils is always one of the earliest symptoms discovered.

We need not occupy much space in detailing treatment, as it was plain and uncomplicated, and generally successful. Our curative means embraced general and local remedies. If called to a case in an early stage, we usually gave an emetic of ipecacuanha, followed by some mild aperient. Our attention was early directed to the local affection of the throat, and applications were at once made. We consider this one of the most important points in treatment. If the extension of the disease to the larynx, &c., could be prevented, little danger was apprehended. No means were found so decidedly efficacious in circumscribing the inflammation as *nitrate of silver*. This article should be applied at first in the solid form, or a solution of gr. xv.—xx. to the ounce; and afterwards, the influence continued by its application several times in the course of twenty-four hours, in the proportion of gr. x. to the ounce.

Externally, *stimulating fomentations*, such as a solution of common salt in spirits, applied hot, was of great service. Spirits of turpentine was also used to advantage.

In addition to these means, internal stimulants, usually in the form of the *pepper medicine*, of the West India practitioners, was given freely throughout the disease. But an ex-

clusive reliance was by no means placed upon stimulants or tonics, as the vital powers were not very remarkably depressed. We several times saw patients able to walk but a few moments before dissolution.

Depletion by bleeding was seldom resorted to, and in general seemed to produce no good results. Where the disease extended to the respiratory organs, depletion seemed so decidedly indicated that we resorted to it in a local form, but in no instance did it seem to mitigate the symptoms. Indeed, these complications usually terminated in death, and the only successful method was to prevent them by early and judicious means. True, when these symptoms came on, we gave emetics, such as ipecac, lobelia, &c., and made external applications, as before mentioned, but generally without availing much.

It will be remembered, that Bretonneau performed tracheotomy in these cases, and, by means of a canula, made topical applications of calomel moistened with water. He reports a successful case treated in this way, though we doubt whether many will be inclined to imitate the practice.

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### ART. III.—*An Anomalous Case of Disease.*

*To the Editor of the Western Lancet.*

DEAR SIR:—The following singular and anomalous case excited considerable controversy with physicians, and led to strange pathological conclusions. If you deem it interesting to any of your readers, or can throw some pathological light upon the subject, please give it publicity through the medium of the *Lancet*.

The patient was a young female, ætat. 11 years, good constitution, sanguineous temperament, and subject periodically to profuse epistaxis. In November, 1839, she was taken with acute pain in the left inferior section of the chest. Fomentations and sinapisms were immediately applied to her side,

and in an hour or two obtained relief. No sooner had the acute pain left her side, than she complained of severe and lancinating pain in the frontal region of the head. For three days the pain alternately changed its position; the fourth day it remained permanent in the head. From this time onward it gradually lost its severe and acute character, and assumed the nature of a moderate cephalalgia. Frequently the pain assumed a more intense character; emesis soon would follow and give her relief. In this condition she continued during the winter. About the first of March, 1840, her symptoms became exasperated and soon terminated in epileptic convulsions. A physician was called for the first time, who practised venesection. The convulsions, (of which she had several during the same day,) ceased. The exciting cause of the convulsions was supposed, by the physician in attendance, to be tape worm; for the expulsion of which various anthelmintic medicines were administered, but without success. In the mean time the doctor quit attending the patient, and about the first of June, 1840, I was applied to for aid. I called on the patient, and found her laboring under the following symptoms:—Pulse 120 per minute, and soft; pupils very much dilated; lower extremities cold; tongue moist and clean; appetite craving good; bowels regular, and fæces healthy in appearance; head very warm and painful; strong pulsations of the carotid and temporal arteries; skin pale and dry; slight tenderness of the right hypochondrium; and her moral and intellectual faculties undisturbed.

Under such a contrariety of symptoms, my diagnosis would necessarily be more or less imperfect. However, it was evident to me, that the disease had its seat within the cranium, and left it for future investigation to develop its precise nature.

My treatment was directed—1st. To the lost equilibrium of the circulation. 2d. To lessen the inordinate action of the heart and arteries. 3d. To promote the secretions generally. 4th. Counter-irritation and derivatives. The medicines I made use of, to produce the above desired effects, were digitalis, mercury, antimony, colchicum, nitre, and ipecac; epispastics, setons, and epithems of iced water to the head; warm pediluvia and sinapisms to the lower extremities. Various mercu-



rial preparations were made use of, with the intention of producing ptyalism; a mercurial course of treatment was pursued for nearly two months, without producing the first symptom of its specific operation, the patient taking it with impunity, neither affecting the stomach or bowels. Neither was there any manifest impression made by any of the other medicines, only at one time her pulse had lowered to 110 per minute.

In July the spasmodic convulsions returned, but assumed a less intense character than formerly. They now recurred at intervals of twenty-four and forty-eight hours, and generally affected one or both of the upper extremities, and muscles of the face: each spasm lasted from twenty to forty minutes. Simultaneously with the return of convulsions, she complained of imperfection of vision, which she gradually entirely lost.

In September her moral and intellectual faculties became affected. She had spells of mental alienation, with lucid and rational intervals.—She would call horrid imprecations and anathemas upon the heads of her parents.

During October the third physician commenced attending her. His prescriptions were directed against worms. He, also, could make no impression upon her disease. She now was exceedingly emaciated; vision extinct; entirely helpless; hearing impaired; and insane at times. In this wretched and suffering condition her life was protracted to the 8th of January, 1842.

For a month previous to her death she had an ulcer on each cornea, which perforated that membrane, and discharged the humors of the eyes. Eight days before her death I called and examined her. The pulse was about 120 per minute, tongue dry and raw, no evacuations, and no appetite; abdominal muscles contracted, extremities flexed, and articulations ankylosed. She answered questions correctly, though reluctantly. During the last twenty days of her existence she took no aliment, and had no evacuation from her bowels. Thus she died, an object of pity and curiosity.

Yours, &c.,

JOSEPH WALRATH, M. D.

Hanover, O., Nov. 28th, 1842.

[The preceding case detailed by Dr. Walrath is interesting in many respects, but we have space to make only one or two remarks. It is to be regretted, that a post mortem examination was not obtained, as in this way alone could the organic changes be fully understood. In the absence of demonstration, however, we suppose the symptoms indicate with much certainty the character of the disease ; which, most probably, was *partial encephalitis*. The spasmodic action could alone result from disease of the brain, idiopathic or sympathetic ; and no local affection being referred to, which could implicate the brain, it would seem conclusive, that the disease originated in the latter organ. That it was *partial* is evident from the obscurity of the first stage, preservation of the intellectual faculties, &c. The spasmodic action of the superior extremities, loss of vision, &c., would indicate, that the organic changes commenced in the optic thalami, and gradually extended to contiguous parts.

It is well to remember, in making a diagnosis in affections of the brain, that cerebral symptoms, arising from a sympathetic connection with remote organs, particularly the stomach and bowels, are usually *general*, and most frequently delirium will occur ; but, in *local* or *partial* encephalitis, the signs of disease will remain local, and the mind be unimpaired. Hence, when we meet with violent symptoms, which could only arise from disease of the brain, such as *spasms*, and frequently preceded by acute pain, as in the above case, while the intellectual faculties remain unimpaired, the diagnosis of partial encephalitis is fully warranted.—*Ed. Lancet.*]

## BIBLIOGRAPHICAL NOTICES.

ART. IV.—*Lectures on the Theory and Practice of Physic.*—

By WILLIAM STOKES, M. D., Lecturer at the Medical School, Park street, Dublin; Physician to the Meath Hospital, etc. etc. And JOHN BELL, M. D., Lecturer on Materia Medica and Therapeutics; Fellow of the College of Physicians of Philadelphia; Corresponding Secretary of the Philadelphia Medical College; Member of the American Philosophical Society, and of the Georgofili Society of Florence, etc. etc. Second edition. In two volumes. *Philadelphia, Ed. Barrington & Geo. D. Haswell, 1842, 2 Vols., pp. 1336.*

A system of *Practical Medicine* is, or ought to be, a concentration of all that is useful in medical science. However accurate may be the knowledge of the anatomist, or practical the views of the therapist, or profound the studies of the physiologist, neither one can, with propriety, preponderate in practical medicine. It is an error of no small moment in many, if not most systems, that the particular department which the author may have cultivated most is made to occupy a prominence above its merits. A single trait may continue through an entire work, and destroy, in a great degree, its usefulness. This is what is sometimes called *originality*. Another class of writers pursue a different course; abandoning all independence of thought, the servile compiler adopts the ideas, if not the language, of other writers, and even fails to digest the collection of matter, but merely places it in juxta-position. Nor are these the only radical defects that appertain to systems of medicine. The temporizing course pursued by the French renders their therapeutics often inefficient. In anatomy, physiology, and pathology, they stand unrivalled; but beyond this they seem scarcely to look. Having made a *diagnosis*, the next most important matter is to prove its correctness; and, as this can only be verified in the *dead body*, more enthusiasm is manifested in a post mortem examination than in the administration of medicine to cure the disease. *The triumph with these physicians is in the dead-room.* Hence the English say,



that these patients die from apathy in treatment. On the contrary, let us not disguise the fact, that the English are charged by their French neighbors, with destroying *their* patients by the *activity* of treatment! Perhaps the truth lies between the two; the national peculiarities of neither conducing to establish medicine in its most perfect state.

Again, an undue effort to display profundity of knowledge is not commendable in systems of practical medicine. In these works, the collection of facts, and deduction of principles, are important; but it is not a suitable place to array a mass of critical learning, abstruse and impracticable speculations, or dogmatical theories; nor is the author called on to controvert every illusive doctrine of the day; but his duty is simply and plainly to collect all the facts known in relation to the various subjects upon which he treats; which, properly combined with philosophical deductions and rational experience, constitute the only useful systems of practice.

Stokes' and Bell's Practice, (or, more correctly, Bell's and Stokes', as the former has the preponderance in matter,) is, to say the least, as free from the objections adverted to, as any system extant. We regard Dr. Stokes as one of the ablest medical philosophers now living. It would be difficult, indeed, to designate his superior in sound discrimination and judgment. His work has escaped most of the errors to which we have alluded. Original in many of his conceptions, yet sufficiently eclectic to avoid becoming dogmatical or exclusive in his views, Dr. Stokes offers much matter not before known, or, if known, not appreciated, and yet avails himself of all that is rendered certain by the experience of others. As though conscious of his own strength, no effort is made to cover defects by specious learning; although the fact that he is master of his subject is displayed in every line.

The original work, by Dr. Stokes, was published in the American Medical Library, in 1837, and contained only 407 pages. Notwithstanding it was highly appreciated by the American profession, yet the limits of the work obviously prevented its reception as a *system*; indeed several important subjects were entirely omitted. These circumstances induced

Dr. Bell to become Editor of the work, and he introduced many notes illustrative of the text, and added twelve lectures on *typhous, congestive, and eruptive fevers; rheumatism, and acute and chronic laryngitis.*

Thus extended, this work was decidedly popular; but Dr. Bell, and doubtless many others, considered it still imperfect, in consequence of several important diseases being omitted. Under these circumstances, the able American Editor has prepared the second edition, (the work before us,) and has greatly enlarged and improved the former edition. Among other important matter, the Editor has added remarks on diseases of the spleen and pancreas; urinary apparatus; respiratory apparatus; and of the heart. Instead of the small volume of 407 pages, as first published, we now have a complete system of practice extending to 1336 pages! Thus it will be seen that Dr. Bell has supplied more than two-thirds of the whole work, and thereby completely identified it with American medicine.

There may be some doubts entertained as to the propriety of this course; and perhaps it would have been more politic in Dr. Bell to have prepared an entirely separate treatise; but when we consider the high character of Dr. Stokes' Lectures, and the demand for them in this country, the addition of sufficient matter to make a complete system, thereby avoiding the unnecessary multiplication of books, was useful and necessary.

We are not disposed to be exclusive in relation to books, nor to eulogize where merit is not found; and, while we fully and freely admit, that we have several systems of practical Medicine of great value, and which reflect the highest credit on their authors, yet we believe that none of them surpasses the one under consideration. The ability with which the Editor has extended the work of Dr. Stokes, will add to his already elevated character as a medical writer, and, we doubt not, will be fully appreciated by his American brethren.

We cannot leave this subject without adverting to another point of great importance. It has become extremely common for American physicians and surgeons to become the *editors* of foreign works, and acting a secondary part, prepare them

for this country. This course is often exceedingly useful, and should be, to a certain extent, encouraged; but, admitting all this, it seems to us, that the too frequent, and sometimes injudicious adoption of this secondary authorship, is rather calculated to establish a feeling of servility on the one hand, and of superiority on the other. We think many instances could be cited, in which the editors have possessed greater abilities than the authors.

It must not be forgotten, that, in practical medicine, every climate must have systems modified to suit its individual peculiarities, and, consequently, systems introduced from abroad will signally fail to supply our wants. As a pertinent illustration, we will cite the work under consideration. With all the superior ability with which Dr. Stokes' Lectures are characterized, yet, we would ask, what would have been their comparative value, to the western practitioner, without the valuable lectures of Dr. Bell on congestive fever? The answer is evident. For these and other reasons, we are of opinion, that our own physicians are more competent than foreigners to supply their own wants.

Stokes' and Bell's Practice being among the best works extant on practical medicine, will at once commend itself to the practitioners of our country. It is not going too far to declare, that no physician, whether his experience be large or small, should be without this work in his library; and, having it there, he should study its various parts with care and attention.

It may be obtained in this city, of those enterprising booksellers, Messrs. Desilver & Burr.

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ART. V.—*Moral Exposures of the Medical Profession: An Introductory Lecture, delivered in the Medical College of Ohio, November 10th, 1842, by JOHN P. HARRISON, M. D., Professor of Materia Medica, pp. 15.*

The subject of this Lecture is well adapted to the occasion, is treated with great ability, and in the usual fine style of Prof. Harrison. Unfortunately, however, in all similar instances, in-



dividuals are much more precipitate in admitting the truth of the positions assumed, than in applying the proper correctives. Hence, although this address may contain startling truths, yet so vitiated has become public sentiment, that we cannot look for a revolutionary influence from this, or similar expositions.

The first moral evil adverted to, is *deficient application*. Unless we greatly err, this is the prolific source of nearly all the moral evils connected with medicine; and, although the vivid imagination, and close observing powers of the lecturer, had continued to call up, until the present moment, one after another, its blighting evils, the story would not half be told. The most aggravated form of empiricism is that of the *regular*(!) physician, whose narrow-minded self-conceitedness shuts out the light of improvement, and induces him to believe that the half digested elementary knowledge obtained in the lecture-room, has elevated him so far above the ordinary level, that, instead of *receiving*, he should rather *dispense* light. This *regular (in idleness)* deceives the public by his exterior garb; not being precisely a wolf in sheep's clothing, but an *empiric* clothed in *sheep skin*. The following extract will present some of the author's views on this subject:—

“It is melancholy to reflect how much time is utterly and forever wasted by many young physicians, during the period of probation, through which all have to pass, before they command that public confidence, which makes constant demands on their professional services. Like the occupant of Thompson's Castle of Indolence—

‘Their labor is to kill the time;  
And labor dire it is, and weary wo.’

Or, perhaps, they may be allured off from the sober path of correct scientific investigation to go in pursuit of an ignis fatuus, which has sprung out of the heated brain of some medical romancer, whose prodigious genius had enabled him to sound all the shoals and depths of man's nature. Vanity, ever ready to spread its meagre stores before the public eye, and more intent on admiration than truth, prompts many a superficial thinker to build himself a pedestal, and cry out, ‘Behold my wonder and my might!’

If such a conceited dogmatist is resisted, and his views refuted and ridiculed, he is apt to cry out—with the notorious

Paracelsus Bombastus, the prince of empirics—"They say that my physica, my theoretica, my practica, are strange, new, wonderful, unheard of: how can I appear otherwise than strange to those who have never walked in the sunshine." "

*Dissatisfaction with the profession*, is another moral evil discussed in this lecture. That the author has just conceptions of this part of the subject will appear from the following:—

"A very prevalent restlessness and discontentment are at work in our profession. Every day we hear the most plaintive strains of regret for the sad choice of such a calling as the medical profession, from the lips of physicians. There are several grounds of dissatisfaction in the minds of physicians towards their profession. The first is, that the practical duties of the profession are so full of responsibility, and so irksome to their feelings. The second is, that there is so much ingratitude in the world, and so little sagacity in mankind to discover real merit. And the third, that the remuneration of the profession is altogether incommensurate to the labors performed by the faithful medical practitioner.

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This querulous, puling, ridiculous outcry against the practical duties of the profession, is all the result of either defective knowledge or perverted sentimentality. Conscious, perhaps, of having made a poor preparation for the discharge of the duties attached to his office, the medical practitioner quails, reluctates, and only half does his work. Or he abandons the task altogether, and addicts himself to some other employment, unless the fear of absolute starvation drives him into the yoke of servitude again. A morbid sensibility—made up of selfishness, sentimentality, and indolence—may prey upon his unmanly mind, and burden his spirit with a load hard to carry; or so fill his imagination with fears and fancies that he stumbles at every step, and sees 'gorgons and chimeras dire' haunting every sick bed. Or, escaping from such a piteous dilemma, the physician may have his feelings embittered with tormenting reflections respecting the ingratitude of those whose restoration to health has been owing to his skill, or who may be indebted for the lives of their children to his kind and unwearied attendance.

On this point I have two remarks to make: first, that physicians are too sensitive on this subject; and second, that people are too regardless of the feelings of their medical attendants, and frequently evince towards them a disingenuous and illiberal conduct."

The following paragraph embraces a point of great practical importance in regulating the intercourse of the physician with the community:—

“Let not anger nor uncharitableness possess the heart of the medical practitioner at such displays of human folly and frailty; but patiently let him wait for a vindication of his rectitude and honorable bearing, by the developments of Providence. Never should a physician refuse to attend the sick because his account is unpaid or has been disputed. By good acts, and a magnanimous conduct, he should exemplify the dignity of his profession, and the character of the gentleman.”

“Should a physician refuse to attend the sick because his account is unpaid, *or has been disputed*,” is a delicate point, yet one that is often brought to a practical test. An account may be *unpaid* from a little *negligence*, or actual *inability* to pay; but if a reasonable bill, the services for which have been faithfully rendered, is *disputed*, and left unpaid, through indisposition to do so, the whole aspect of the subject is changed, and removes, to a very great extent, the moral responsibilities involved. Under these circumstances, we think, there is little moral obligation resting on the physician to render additional services without compensation; or, at least, it may be safely affirmed, that the patient does not deserve it.

The following extracts are well worth serious attention:—

“There are two very serious consequences which result from professional ennui and dissatisfaction. One refers to the migratory mode of life exemplified by some physicians, and the other to the disastrous issue of a love of excitement. The restlessness and discomfort experienced by the professional man, whose time is unoccupied by the practical duties of his calling, and who will not devote his energies to scientific inquiries, will be at least temporarily relieved by the novel impressions produced by a change of residence. But, like the stone of Sisyphus, the load returns upon him,—and must again be thrown off by rushing deeper into the difficulties incident to frequent removals.

Of all dark and fatal disasters, which overshadow the hope, and blight the character of the medical man, none can equal in intensity the ruinous vice of intemperance. Under its grasp the body sickens and dies—the mind is stifled in its develop-



ments—the passions are fired—the charities of the heart are extinguished—and all nature cries aloud, in all her functions, that a deadly wrong has been inflicted on her.

Drunkenness in the citizen is folly, and shame, and ruin; in the patriot, disgrace and disloyalty; in the judge, a foul stain on the ermine; in the divine, sacrilege and impiety; and in the physician it is cruelty, perfidy, and a satanic mockery of human wo."

Another moral evil referred to, is *inhumanity*. Inhumanity should never be countenanced in the medical profession; and, if by chance some dishonorable man, who disgraces an enlightened profession, should be found wanting in the nobler sympathies of the human breast, he deserves at once to be severed from all associations in name or character with humane physicians. Instances of this character, however, are so rare, and so seldom connected with our profession, that it scarcely merits serious consideration.

*Skepticism* is also referred to by the lecturer, and, very properly, energetically denounced.

The last moral evil adverted to, is the acquisition of business by dishonorable or empirical means.

The following extract contains some bold, but justifiable thrusts at quackery:—

"Even some, otherwise very correct physicians, are not wholly free from the taint of charlatantry when they boast of their business, and ostentatiously parade the number and respectability of their patients. Whenever a medical practitioner pursues a stratagy of this kind, and seems to rely upon this mode of getting business, there the spirit of empiricism is at work. All secret remedies are at hostility with the liberal and enlightened genius of medical science. The very concealment practiced is sufficient evidence that something suspicious and vile is associated with it. Why conceal a useful remedy, but either to minister to a groveling cupidity, or to betray the credulous by spurious pretences?

"Science loves the free and open field, and walk, under the wide cope of heaven, with the broad blaze of day to illuminate its onward march. Allied with humanity, she generously lays all low personal advantages by, and opens the treasures of her discoveries to all. But quackery seeks darkness, and plies its deceitful work away from the eye of observation, lest truth

should lay bare its jugglery, and scorn wither its beguiling arts.

“The devices of quackery are endless. The public appetite is insatiate, but novelty is an indispensable ingredient in this cup of delusion. From the thunder and storm system, where fire and water, lobelia and red pepper, play their terrific parts, down to the moonshine and mosquito system, the homœopathic, with its cozening buzz and infinitesimal doses, there can be nothing conceived of by the fertile fancy of man, which will not prove acceptable to persons enamored of empirical subtlety and boldness. And the shifts and dark dexterity by which empirical impostors evade exposure, reminds us of that sneaking thief of antiquity, celebrated for his capacity of changing his form and aspect :—

‘So Proteus, hunted in a nobler shape,  
Became, when seized, a puppy or an ape.”

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ART. V.—*The London Dissector, or Guide to Anatomy ; for the use of Students.* Comprising a description of the muscles, vessels, nerves, lymphatics, and viscera of the human body, as they appear on dissection ; with directions for their demonstration. From the last London edition. Revised and corrected by EDWARD J. CHRISTY, M. D., late Demonstrator of Anatomy in the University of Maryland. *Philadelphia, Ed. Barrington and Geo. D. Haswell, 1842, pp. 273.*

One of the most material points in the study of anatomy practically, is to observe method and system in dissections. No student can become an anatomist without dissections, and few, it is to be lamented, secure all the advantages which might be derived from this course of study, for the want of method. The novice is apt to rely too much on his own abilities, forgetting that the ablest anatomists were once mere tyros in this department, and only acquired knowledge by patience, industry, and regular order in pursuing practical anatomy. Hasty dissections are worse than useless, as they consume time without displaying the animal organization with sufficient accuracy to convey to the mind any definite conceptions of the parts.

The *London Dissector* is clear, concise, and methodical, yet sufficiently full to meet the wants of students. We commend it to their attention, believing that it will aid their progress. Messrs. Desilver & Burr sell it in this city.

## MISCELLANEOUS SELECTIONS AND INTELLIGENCE.

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1. *A new Symptom of Peritonitis.*—Luigi Sementini pretends to have found a new symptom of Peritonitis during a practice of more than forty years; namely, always a pain at the ossa pubis and at the great trochanters, whichever part of the abdomen was occupied by the inflammation. This pain was either spontaneously complained of, or could be found out by pressure, and its violence was always in strict proportion to that of the Peritonitis. L. explains it through the anastomoses of the nerves and the relations of the Peritoneum to the fascia and its surrounding muscles, and he asserts, that, besides its value as a diagnostic symptom of obscure and latent cases of Peritonitis, and of its intensity, the application of leeches and blisters over the trochanters instead of over the abdomen, has proved very beneficial.—*Annali Universali di Medicina*, Sept. 1839, from *Haeser's Repertorium*. F. R.

2. *Anthrakokali.*—Dr. Jos. Polya published, 1837, in Leipsic and Pesth, a treatise on Herpes, and its cure, by a new specific remedy, namely, Anthrakokali, (the constituents of which are coal and potassa.) Gibert has made use of it in the St. Louis Hospital, in Paris; its external application as an ointment proved very efficacious; but internally administered, as a medicine, it appeared to have no effect. His formula is R Anthrakokali ʒi. Axung. Porci ʒix. M. ft. Ung.\*—*Revue Medicale*, Mai, 1841. F. R.

3. *Calomel Stool*, chemical examination of a.—It is pretty generally admitted, that after the administration of large doses of calomel, which produce green or bilious stools, the greatest quantity of this medicine does not enter the blood, but is evacuated by stool; it is, however, a question yet, whether the green color of these stools arises from an extraordinary great quantity of bile, or from some other cause. Dr. J. F. Schmidt has made a careful chemical examination of the fifth stool, which occurred after a large dose of calomel, but could, with no certainty, detect any mercury in it. He came to the conclusion, that the green coloring of the stool is caused by the considerable quantity of bile in it.—*Schmidt's Annals of Medicine*, 1841, vol. 32. F. R.

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\* In Cincinnati it is prepared by Ed. Vogel, Druggist, Main bt. 6th & 7th sts.



4. *Croton Oil*.—Newbigging recommends Croton oil in Epilepsy, Tic douloureux, Ischias, etc., and relates cases in which it entirely cured these affections.—*Edinburgh Med. Journal*. January, 1841. F. R.

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5. *Animalculæ in Chancres*.—Donne has demonstrated the presence of animalculæ in the matter of chancres, and believes them to be the true specific poison. A species of *Vibrio* (*Vibrio lincola*, according to Muller,) he found in the ulcers of the gland, prepuce and vagina, (the same also in inoculated pustules,) one small drop contained myriads of them. A species different from this could be detected in the secretion of the vagina. Donne believes to have found in these vibriones the cause of chancres, and of gonorrhœa, although he has not yet found a vibrio in the gonorrhœal discharge.—*Markham's Remarks on the Surgical Practice of Paris*. F. R.

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6. *Method of ascertaining Stone in the Bladder*.—Dr. J. Skoda recommends the use of the stethoscope for ascertaining the presence of a stone in the bladder. By placing the instrument at the ossa pubis, we hear, he says, the striking of the catheter against the stone much clearer, than by catching the sound with the unarmed ear through the air, albeit we listen very closely. If the bladder does not contain a stone, the motions of the catheter within the organ, cause sometimes a gurgling, sometimes another dull sound, which resembles not in the least the striking against a stone. Hence auscultation is not an unimportant auxiliary means for diagnosing stone in the bladder; it aids and corrects the sense of feeling.—*Treatise on Percussion and Auscultation*. F. R.

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7. *The more common Causes of Deaths in New-Born Infants*.—The following may be considered as the most frequent of these causes. When, after labor has once fairly commenced, the pains either cease entirely, or they abate and intermit so much, that the delivery is rendered very tedious and protracted—when convulsions occur during the progress of labor—when the navel-string is either too short, or has become twisted round the neck, or some other part of the child, when the navel-string is prolapsed along with the head, and is compressed between it and the walls of the pelvis, so that the circulation is interrupted—when the placenta becomes partially or entirely detached before the expulsion of the child, and

hæmorrhage is thus induced—when the os uteri, or the constrictor muscles of the vagina is spasmodically contracted, (as is apt to occur in first labors) round the neck of the child ; or, lastly, when the pelvis is so small that the exit of the head is delayed for a great length of time. Such are the most common causes of the death of the child during the act of labor.

It may be useful now to allude briefly to those from which the child may perish immediately after the delivery has been accomplished: when the child is exceedingly feeble and exhausted ; when the child is born closely invested with the membranes, and the head is not disengaged from these sufficiently soon ; when the child is at birth apparently still-born, and the appropriate means of resuscitation are not adopted early enough ; when respiration is interrupted by an inordinately-sized thymus gland pressing on the trachea, or by any defective state of the pulmonary apparatus ; when the mouth is plugged with viscid mucus, or, as sometimes happens, the tongue falls backwards and closes up the fauces ; when the child is seized with apoplexy ; when the mother is in a state of syncope at the moment of delivery ; or, when, from the ignorance or wilful neglect of the attendants, the necessary means are not adopted for the preservation of the child.—

*Wildberg's Jahrbuch der Gesammten Staatsarzneikunde.*

B. D.

8. *Case where the Fœtus was heard to cry before birth.*—The occasional occurrence of the fœtus being heard to cry during labor, while it is still within the uterus, is placed beyond doubt by numerous cases recorded by the most unexceptionable authorities.

The following may be added to the number. A woman was in labor with her fifth child ; the membranes had broken, and a large quantity of the waters had been discharged. Shortly afterwards the fœtus was heard to cry distinctly, five or six times, not only by the nurse, but also by the patient herself, and her husband.

At this time the forehead of the child was found to be resting on the brim of the pelvis, and its face could be easily felt with the finger. The extraction of the head was effected by means of the forceps ; but not without some difficulty. The child did not breathe at first ; but was reanimated by the use of the ordinary means.

Some writers have asserted that a distinct *vagissement uterin* has been heard, even before the membranes have given way. This opinion, however, is more than doubtful.

M. Marc, in his able Memoir on-Infanticide, in the second edition of the Dict. de Medicipe, observes : " In all the cases of uterine crying, while the head has not yet reached the orifice of the vulva, there has been the discharge of the waters some time previously ; and in most of the cases frequent manual attempts have been made by the accoucheur to effect the delivery."

The possibility of the child respiring before its delivery is of high importance to the medical jurist ; as it shows that the mere circumstance of the lungs containing atmospheric air, cannot be received as a sufficient proof that the child has been born alive.—*Bulletin Medicale Belge.* B. D.

9. *Sudden Death from Emphysema of the Lungs.*—Two men from quarrelling came to blows. They were however speedily separated. The stronger and older being obliged, by the interference of the attendants, to master his resentment, hurried directly home ; but no sooner had he reached the door of his house, than he dropped down dead.

It was at first suspected that he must have received some blow in the scuffle ; and M. Ollivier was therefore ordered by the public authorities to examine the body. " The cause of death," says he, " was quite natural : it had been occasioned by a spontaneous emphysema of both lungs."

The experiments of M. Leroy, on asphyxia, can leave no doubt that sudden death may be occasioned by this morbid state of the respiratory organs.—*Archives Generales.*

B. D.

10. *Terrestrial Heat*, No. 2. By Dr. JAMES LAKEY, of Cincinnati.—The earth, while moving in space, is surrounded by a very low temperature. The upper part, or the outer circle of her atmosphere, is a region of eternal frost. The mean heights of eternal frost diminish as we proceed from the inter-tropical to the circum-polar regions. The mean altitudes of eternal frost are thus stated :

At the equator,	- - -	15,207 feet.
At latitude 30	- - -	11,484 "
At latitude 60	- - -	3,818 "

The air is said to extend from the earth's surface, to the height of from 40 to 48 miles,—45 being near the medium, is the distance adopted by modern authors. No one, as yet, has fixed the exact spot where the earth's atmosphere ends, and pure unresisting planetary space or ether begins. Such a point



however must exist, for the air is as much an integral part of our planet, as the ocean, and partakes of the same annual and diurnal motion as the earth. If the earth, while travelling in her orbit, carries with her an atmosphere 45 miles in depth, that atmosphere should be added to the amount of miles in the planet's diameter, which would be increased by this correction by 90, making the whole diameter, in round numbers, 8,000 miles. Tycho Brahe, speaking of air and ether, says: "Whatever may be the difference in the nature of these two fluids, the atmosphere so diminishes in density upwards, that at the point where it touches the ether it differs but little from it."—[*Histoire de l'Astronomie Moderne*. p. 404.]

The air, as well as the ocean, is influenced by the sun and moon, and from this it has been inferred that we have aerial as well as oceanic tides. If this be so, the aerial ebb and flow must be confined to the upper circular strata of air, entirely out of the view of the feeble animal, man, who is confined to the surface.

The air at the equator holds its heat until we ascend 15,207 feet, while at the 60th degree of latitude we find congelation, or what is called eternal frost, at the height of 3,818 feet. This difference of the height of heat is owing to well known causes, but there is a difference in density as well as in the temperature of the air.

Fourrier has given his speculations upon the heat of the planetary spaces. He says, [Mem. Inst. vol. vii, p. 593,] "that without the effect of this heat, the diminution of the temperature in proceeding from the equator to the poles would be much greater than it now is; that the variations of the distances of the sun at different parts of the year, would be felt in great changes of temperature; that the alternate heat and cold of days and nights would produce oscillations of temperature more violent than those which now occur." He infers that there exists a cause that moderates the temperatures at the surface of the globe, and which produces a fundamental temperature, independent of the sun and of the central heat. This cause he holds to be *the heat of the planetary spaces*, and he ascribes this heat to the radiation of the fixed stars in every part of the universe.

Fourrier was led by his reasoning to fix the temperature of the planetary spaces at about fifty degrees [Centigrade] below freezing. [Fifth Report of the British Association, p. 32.]

Fifty degrees of Centigrade's below freezing, would not vary much from 60° Fahrenheit, a temperature low enough to freeze mercury, though frequently felt in the arctic circle. An equal

degree of cold has been braved with impunity by British, Russian, Dutch, and American sailors. \* \* \* \* But returning from the void space so ingeniously furnished with heat by the learned Frenchman, the Rev. Mr. Whewell, comes to this rational but humbling conclusion. He says:

"We can observe the effect of mechanical force, in the remotest regions of the universe into which our telescopes can penetrate; but how little can we learn about the effects of *heat*, or chemistry of electricity, or magnetism in any substances, except those we can handle! In the case of heat, we can hardly *catch any indications of its amount*, either above or below a *thin crust* at the earth's surface, to which we are confined."

This is a solemn truth, to which may be added another, that a large portion of that 'thin crust' has not been examined.

Below is a register of the heat and weight of the atmosphere for 32 days, for Fairhaven, Mass. It was obligingly furnished by my friend, Capt. J. Delano, a scientific gentleman of that town. Fairhaven is in latitude  $41^{\circ} 38' 07''$ , longitude  $70^{\circ} 43' 38''$ , 30 feet above the ocean.

The extract is from July 5th to August 5th, 1741, both days included:

	Ther.	Bar.		Ther.	Bar.
July 5	70.15	29.91	July 21	74.06	30.30
" 6	72.00	29.72	" 22	74.00	30.30
" 7	72.15	30.00	" 23	76.00	30.11
" 8	63.00	30.01	" 24	74.00	30.18
" 9	71.45	31.12	" 25	76.00	29.92
" 10	71.00	29.96	" 26	72.00	30.10
" 11	70.15	29.90	" 27	70.00	30.06
" 12	70.15	29.90	" 28	69.46	30.06
" 13	74.45	30.08	" 29	68.00	30.06
" 14	72.15	30.03	" 30	73.00	30.08
" 15	80.00	29.90	" 31	68.00	29.93
" 16	72.30	30.06	August 1	64.00	30.10
" 17	68.00	30.17	" 2	70.00	30.33
" 18	72.00	30.49	" 3	73.00	30.33
" 19	47.00	30.24	" 4	74.80	30.20
" 20	77.00	30.40	" 5	76.00	30.00

Mean heat, 70.13.

Compare this with the average amount of the heat of Hobartstown, lying in nearly a corresponding latitude, and it varies very little. The mean heat of Hobartstown, for January 1841, was  $70^{\circ}$ , the mean heat for Fairhaven, for 32 days of the same year, ending August 5, was 75.13.

And here I will mention what was unintentionally omitted in my former number, in your paper of August 27, that is, that the entry was made at the same time of day at both places, at two P. M. But one entry was made in 24 hours, whereas as many as three or four are sometimes made. With this fact in view, no comparison can be correctly made of the heat of Hobartstown with any place at the north, where tables are already published, Fairhaven excepted; the record being kept in the same manner at those two points alone. For the want of records, no comparison can, as yet, be made between the heat of Van Diemen's Land and any part of Western Europe and North America, with the single exception of Fairhaven, that is, no records are now within my reach.

How will its annual amount of rain compare with the corresponding latitudes of the north?

"The quantity of rain," says Darby, "or rather more explicitly expressed, of water in rain, hail, and snow, which falls at any given place, affords very requisite elements in a theory of climate."

It has been said that the amount of rain that fell at Hobartstown in 1841, was 16.09 inches. Let it be compared with the following extracts from the records of the Pennsylvania Hospital:

Amount of rain which fell in Philadelphia from 1810 to 1830 inclusive:

YEARS,	INCHES.	YEARS,	INCHES.
1810	32.656	1821	32.182
1811	34.908	1822	29.864
1812	39.003	1823	41.805
1813	35.625	1824	48.74
1814	43.135	1825	29.57
1815	34.656	1826	35.14
1816	27.947	1827	38.50
1817	36.005	1828	37.97
1818	30.177	1829	51.85
1819	23.354	1830	45.07
1820	39.609		

The whole quantity of rain is 748.143, which divided by 21 gives 35,626 inches as the mean annual average for 21 years. In 1816, the amount of rain fell a little short of 28 inches [27,047.] Every person of a proper age knows that 1816 was a year of remarkably low temperature. The cold summer—the spots on the sun, and the destruction of the corn and other crops by the frosts will be remembered by those of our countrymen who lived between the 40th and 45th degree of lati-



tude. But in 1816, the amount of rain in Philadelphia exceeded that of Hobartstown in 1841, in the proportion of 28 to 17. The altitude of the two places is about the same, the latter lying on the Derwent river, about nine miles from the sea. The former lies in lower latitude; but could three degrees make this immense difference? The annual average of rain for 21 years, in Philadelphia, is 35.626 inches; and, if that of Hobartstown be a sample for other years, the proportion of the former to the latter, is as 35 to 14, or rather more than two to one. The recondite causes of this difference are well worth the attention of the natural philosopher. Most of our practical men attribute the comparative barrenness of 1816 to cold alone. But may not a want of rain be ranked among the most operative of the causes?—*Cin. Chronicle.*

*August 30, 1842.*

11. *Diseases that never Co-Exist.*—Some very interesting results have been obtained by Professor Rokitansky, on the incompatibility of certain diseases with each other. From the earliest ages a vague idea has prevailed that two diseases could not co-exist in the system. This opinion was thus far modified by John Hunter, who says that “no two actions from two different morbid poisons can go on together at the same time, in the same part, or the same constitution.” Later observations, while they have shown this statement, as expressing a general law, to be erroneous, have at the same time indicated, that certain diseases exert upon others an opposing influence, in the way of the one arresting the course, or modifying the nature of the other. For example, measles and smallpox have been observed to suspend, or modify, the course of each other. Hooping cough sometimes suspends the smallpox, measles and scarlet fever. Hooping cough is frequently cured by vaccination. It is sometimes, also, cured by smallpox and measles. Vaccinia may suspend, or in its turn be suspended by, scarlatina. The plague was arrested by the prevalence of smallpox, but broke out again on its disappearance, according to Baron Larrey.

But these and other isolated facts were never of a sufficiently definite character to attract much attention; and it remained for Professor Rokitansky, whose unequalled opportunities of observation, and whose acknowledged accuracy, create the most perfect confidence in his investigations, to put this matter wholly in a new light, by establishing, from an amount of cases that renders fallacy in the result almost impossible, that certain diseases never co-exist; as the presence of the one

arrests the progress, or prevents the occurrence, of the other. The typhus abdominalis (that is, with formation of the characteristic typhous matter, and which by Rokitansky is always understood under the name of typhus) is excluded by the various forms of puerperal fever. In two hundred dissections of puerperal fever he did not find one complication of the typhous process. This immunity from typhus is given by the pregnant state, child-bed, and even, though in a less degree, by suckling.

Typhus and cholera, and typhus and dysentery, are said to have the power of mutual exclusion; and the co-existence of tuberculous disease and typhus is extremely rare. Carcinoma and tuberculosis (i. e. tuberculous disease) are antagonist diseases; and the latter, and all kinds of serous cysts, are never met with simultaneously in the same organ, or even in the same individual. Tubercular disease affords an immunity from cholera, dysentery, hypertrophy of the heart, curvature of the spine, dilated bronchia, and almost all chronic diseases of the stomach. Tuberculosis and aneurism do not co-exist, and Rokitansky, as well as others, has remarked, that the development of tubercles is arrested, although the disease is not subdued by the pregnant state, as likewise by all large tumors of the abdomen. These conclusions are derived by Rokitansky from numerous post-mortem and other examinations; and although exceptions may occasionally occur, yet if their main truth be established by subsequent researches, they may be rendered available in the history and treatment of various affections, and furnish a text for more extended inquiries by future pathologists.—*Med. Chir. Review.*

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12. *Removal by the Trephine of a portion of the Left Parietal Bone of the Cranium, for Depression;* by Dr. HAYWARD.—Patient reports that he received the injury which caused the depression nineteen years ago, by being thrown from the back of an ox against a stone wall. Entire paralysis of right leg, and partial paralysis of right arm, together with loss of the power of speech, followed immediately; from this the patient did not recover for two or three months, but after that his health became good, and remained so until ten years ago, when necrosis of various bones, chiefly of those of the lower extremities, made its appearance. This continued several years, during which time patient suffered much, and was confined to his bed most of the time. About six years ago had, for the first time, an attack of epilepsy, which supervened soon

after the discharge, caused by the necrosis, ceased. Since then, these paroxysms have returned quite often, occurring usually once in six weeks in summer, and once in three weeks in winter; of late, they have returned even more frequently than this, though not with as great severity as before. Has had, ever since he can recollect, sharp pains in the head, and tinnitus aurium, headache occasionally and always after a paroxysm. Thinks that his memory is somewhat impaired, but his mind seems to be otherwise uninjured. Expression of countenance dull and peculiar; height, five feet; age, twenty-seven years; some anterior curvature of spine; walks with a slight limp; whole of right side less developed than left; right hand permanently flexed, and fingers extended. Depression situated in left parietal bone four and a half inches from sagittal suture, and in a line with left ear, of a triangular shape, three-fourths of an inch long, and from one-fourth to half an inch in depth.

The operator commenced by making a flap composed of three sides of a square, each one and a quarter inch long, and dissecting it up from bone; the periosteum was then scraped away with scalpel to make room for the trephine, and that instrument applied without the pin. As the teeth of the saw did not take hold readily, the pin was protruded a short distance beyond, in order to fix them; this was followed by a gush of about one ounce of limpid serum from the depression. The pin was immediately withdrawn, and the sawing concluded without it; the serum, however, continued to escape throughout the operation. The cranium being much thicker in one part of the circle than another, the thinnest was necessarily penetrated first, which retarded considerably the progress of the operation. When the bone included within the trephine was removed, (which was easily done as soon as it was sawn through, the dura mater not being adherent,) it was found to be three-fourths of an inch thick in one part, and only one-eighth of an inch in another, the depressed portion of bone having united with the rest of the cranium, and thus formed a considerable protuberance, which projected directly into the brain. In the portion removed, was found a sort of canal, into which the point of the trephine penetrated, and from which the serum flowed. On examining the aperture, after the bone was removed, it was found that all the depressed bone of any consequence had been taken away, and that the dura mater was uninjured. The diameter of the trephine used was one inch.

The edges of the wound were brought together by a suture, and compresses wet with cold water applied. It may be worth while to mention, that after the operation was performed, the



patient stated that as soon as the water escaped he felt relieved of a peculiar sense of uneasiness under which he had labored for a long time, and which extended for several inches around the depression.—*Bost. Med. & Surg. Jour.*

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13. *M. Louis on Typhoid Fever.*—We observe by the French journals, that a new edition of M. Louis' well known work on this subject has recently been published in Paris. Its title deserves notice: '*Recherche Anatomiques, Pathologiques et Therapeutiques sur la Maladie connue sous les Noms de Fievre Tyhoide, Putride, Adynamique, Ataxique, Bilieuse, Muqueuse, Gastro-enterite, Enterite Folliculeuse, Dothinerite, &c., comparee avec les Maladies Aigues les plus ordinaires.*' Does not this alone indicate how bewildered the ideas of medical men must still be on the all important subject of fever? We had almost hoped that M. Louis would by this time have found reason to modify his opinion as to the seat or proximate cause of typhoid fever being in the intestinal canal; but we find that we are mistaken. He still maintains, and even in more decided terms than ever, that "the anatomical character of the typhoid affection (a very stupid phrase) consists in a morbid alteration of the intestinal, chiefly the Peyerian glands; and, also, that any secondary lesions are very usually of an inflammatory nature."

This doctrine is a most fallacious, and unfortunately at the same time a most hurtful one. While we admit that the intestinal lesions seem, from all accounts, to be of much more frequent occurrence in fever as it occurs in France, than as it is seen in this country, we most confidently deny that they are uniform or constant even in the former case—at least if we can trust the testimony of such men as Chomel and Andral. But even admitting the frequency of intestinal lesions in fever, does it necessarily follow that they are the consequences of simple inflammatory action, as asserted by Broussais, Louis, Bouillaud, and others of this school? Do we observe the same phenomena on dissection in typhus as are found in fatal cases of genuine enteritis? Assuredly not. The patchy redness in different parts of the canal, the tumefied and softened condition of the mucous and submucous tissues, the enlargement, ulceration, and even sphacelation of the follicular glands, &c., cannot surely be admitted as the legitimate evidences of a pure phlegmasia. They might rather be regarded as the results of the irritation of unhealthy acrid secretion on the mucous surface than as the primary and essential phenomena of the disease. But without going so far as this, we have no hesitation

in asserting that the intestinal lesions, however frequent they may be in the fevers of Paris, can only be viewed as one of the changes induced by the general disease of the system. To apply the term of *enteritis* to such lesions is not only incorrect in theory, but most pernicious in practice. It has been from the too general adoption of this dogma by the present generation of medical men in France, that so many and so serious errors have been committed by them in the treatment of their patients. When we read the grave discussions that are frequently agitated in the Academy of Medicine of Paris, on the results of some novel mode of treating typhoid fever, what are we to expect from the young surgeons and physicians who are annually drafted away either to the country, or perhaps into the army and navy, immediately after having had their heads crammed with the "nouvelle doctrine" as taught by the professors of the physiological school !

Part of M. Louis' work is taken up with showing that "jail-typhus and typhoid fever are identically the same disease." What rational man ever doubted it ? But such are the vague opinions of French medical men on the subject of fever, that M. Louis deems it necessary to devote an entire chapter to prove a position, which has been recognized as an acknowledged truth by British practitioners ever since, and indeed long before the days of Huxham. But then it is at the same time well known that almost every epidemic of fever, whether it appears in jails or other crowded buildings, or in the lanes and dirty alleys of a city, exhibits some peculiarity or other by which it may be characterised ; and yet no sensible physician would dream of designating one epidemic as cephalitis, another as bronchitis, a third as gastro-enteritis, merely because the predominant symptoms may be at different times seated in the head, chest, or abdomen. Until medical men can be induced to carry their thoughts beyond the more obvious lesions discoverable on the dissection of patients who fall a victim to typhus fever, they will ever remain involved in a labyrinth of perplexities, which will only be increased by a more extensive acquaintance with the disease. A calm unprejudiced examination of the history of typhus must lead every one, we are inclined to believe, to the conviction that it is the result of an invisible atmospheric agent—call it miasm, malaria, matter of contagion, or what you will—on the human body, acting primarily on the nervous system, and often rapidly absorbed into the system, thereby inducing a more or less decidedly vitiated state of the circulating fluids.

The lesions of the viscera, whether of the cranial, or of the thoracic or abdominal cavities, are all secondary or consecutive

phenomena of the disease ; their occurrence being attributable either to the contemporaneous influence of other atmospheric agencies, to the idiosyncrasy, habits, and previous state of health of the patients affected, or perhaps to the differences in the nature and degree of the aerial poison that has been introduced into the system. We must admit that, in taking this view of the question there are many points that cannot be demonstrated by actual proofs, and that the theory is essentially based upon a mere probability ; but let us remember that there is, and ever will be, much in the history of these diseases, especially those of an epidemic and diffusive character, that must defy the scrutiny of human observation : we cannot *exhibit* the infectious poison of scarlet fever, or of measles, or the miasma which gives rise to intermittent or remittent fevers ; and yet no one disputes their existence. It is therefore a very insufficient reply to be told that we cannot demonstrate our theory of the disease. Some modern French writers are constantly trying to make us believe that medicine is capable of being rendered an *exact* science, and that we must not admit any positions in our reasonings on disease but what can be proved by actual observation. This is a most foolish and dangerous doctrine. As in moral and political philosophy, so in medicine, there are no permanently fixed and unalterable rules which are inevitably true at all times and under all circumstances. The beauty of a moral precept or the expediency of a political maxim may charm the mind in theoretical speculation ; but in our practical dealings with the world, we find, alas ! that the line of conduct to be adopted must greatly depend upon the circumstances of each case — ever striving, however, to act on the principle of doing unto others as we wish them to do unto ourselves.

Dr. Landouzy, of Rheims, the reviewer of M. Louis' work in the French Medical Gazette, states that his own experience in the late epidemic of jail-typhus in that town confirms the opinion that it is analogous, if not identical, in nature with the typhoid fever of the metropolis, and he bases his opinion on the circumstance of the *constant* existence, in all cases and at all periods of the disease, of the intestinal lesions in both forms of the fever. Yet, strange to say, he informs us that in no case were there any symptoms of such lesions during the life : “la diarrhee, la douleur abdominale, le meteorisme et le gargouillement ne se sont jamais rencontres.” How can Dr. Landouzy, or any other sensible man, in the face of such a statement as this, continue in the belief that the disease, in which these symptoms were absent, was an inflammatory affection of the mucous coat of the bowels ? in other words, that it was a “gastro-



enterite," or "dothinerterite?" He suggests, as a novel idea, that the difference in the symptoms of typhus fever in different times and seasons may be connected with some difference in the type or genus, as he calls it, of the disease, and very coolly remarks, that "the observations of authors on this point of pathology having in truth but little or no value until the 'beaux travaux' of M. Louis have become generally known, we must wait for new epidemics of typhus before we can offer a positive opinion upon the subject."

Has Dr. Landouzy never heard of Sydenham or Huxham, or of Cullen, or of his own countryman Pinel, not to mention a century of other authors, who have all insisted upon this essential fact connected with the history of fevers—the differences in the character of the disease according to what has been demonstrated the "medical constitution" of the seasons? Little is the wonder that the French are making discoveries in medicine almost every day : they seem to be utterly unaware of their own well expressed motto, "nothing is so new as that which is forgot!"

The therapeutic portion of this edition of M. Louis' work has received, we are informed, "d'immenses developpemens;" but the reviewer does not tell up particulars; all that he says, is, that "the author *seems* to prefer in the greater number of cases the use of evacuants to any other remedies." The little word *seems* (sembler) implies, if we are not much mistaken, a mighty deal in reference to M. Louis' mode of treatment. It is well known that this gentleman, however high he may be regarded as a morbid anatomist, cannot be appealed to as an authority on practical subjects. Some years ago, as we have noticed in a former article, he made the important discovery, that bloodletting and blistering had little or no efficacy in subduing pneumonia! He has probably extended the application of this discovery to the treatment of fevers, and may have found out that by far the best mode of managing them is to do nothing.

In this respect his example offers a marked contrast with that of M. Bouillaud, a disciple of the same pathological school, whose "grande decouverte" is the "nouvelle formule" of bleeding "coup sur coup," so as to "juguler" the disease at once!! But we trust that it is quite unnecessary to expose the fallacy of this gentleman's views at present, as we have so repeatedly, of late years, cautioned the English reader against the errors into which he is apt to lead the inexperienced by the bold and confident manner with which he proclaims his marvellous success.—*Med. Chir. Review.*

14. *Case of Idiopathic Tetanus cured by Spirits of Turpentine.* By Q. GIBBON, M. D. GENTLEMEN—I believe the subjoined case will go far to sustain the much reputed powers of turpentine in Idiopathic Tetanus.

Charles, son of James S., aged about four years, was seized with stiffness of the lower jaw, September 26th, 1842.

September 27th. Mouth open to the extent of one-fourth of an inch ; jaws immovably fixed in that position ; rigidity of the abdominal muscles and of the inferior extremities, accompanied by pain upon pressure or motion ; occasional spasms, during which the head was thrown back as in opisthotonos ; no fever ; no cerebral derangement ; bowels obstinately constipated ; spine free from tenderness ; arms unaffected.

Under the impression that worms might have something to do with the above train of symptoms, a full dose of spigelia, followed by castor oil and spt. terebinth., was given.

28th. The purgative had operated briskly, but brought away no worms ; no amendment. Ordered calomel 2 grs., opium  $\frac{1}{2}$  gr., every two hours, until sleep should be induced. Warm bath for half an hour night and morning, and fomentations of hot turpentine to the spine.

29th. No sleep ; no amendment save a slight relaxation of the jaw. Continue as yesterday, and apply a blister to the spine.

30th. Still no sleep. Castor oil 3j ; spts. terebinth. 3ii ; after the operation of which give laudanum twenty-five drops every three hours.

Oct. 1st. Purged freely. Laudanum has produced no narcosis whatever. Jaws somewhat relieved ; no other charge. Laudanum by the teaspoonful every two hours until sleep should be induced ; length of the bath increased to one hour every day.

2d. Slight flush in the face ; occasional delirium ; opisthotonos to a considerable extent. Discontinue the laudanum, and substitute twenty-five drops spts. terebinth. with same quantity of tinct. assafoet. every four hours.

3d. Opisthotonos on the increase. Dr. Keasley saw the patient to-day, and recommended a teaspoonful of the turpentine every two hours.

4th. No change. Take a teaspoonful of the turpentine every hour.

6th. Copious discharges of black fecal matter ; slight relaxations while in bath. Continue the turpentine as before.

7th. Black stools continue ; further relaxtion while in the bath, much exhaustion from the latter. Continue the turpentine and use the bath but once a day.

8th. Evident amendment ; limbs more relieved ; sleep ; stools not so black ; nausea from the turpentine ; give one teaspoonful every two hours.

9th. Slept better ; rigidity less ; appetite for the first time ; stomach still rejects the turpentine. Discontinue it, and substitute small doses of laudanum.

11th. Rigidity much diminished ; appetite improved ; has slept soundly. From this period the boy slowly recovered under the use of small doses of laudanum and daily use of the bath.

*Remarks.*—The above case presents some peculiarities worthy of note. The reader will be surprised at the large amount of calomel and opium administered, and their entire nullity of effect. No ptyalism or other effect from the calomel was perceived, and but a temporary flush and delirium from the opium and laudanum. I am induced to believe from inquiry of the mother, that the child took in the course of four days about forty grains of calomel, fifteen grains of opium and fifteen teaspoonfuls of laudanum ; and yet under these large doses the patient grew worse, the opisthotonos which was at first paroxysmal, becoming permanent. The appearance of the copious black fœtid discharges upon the fourth day from the first administration of the turpentine, seemed to be the abatement of the tetanic symptoms.—*Med. Exam.*

SALEM, (N. J.) Nov. 24th, 1842.

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15. *Death of M. Hourmann.*—We have to announce with regret, the death of M. Hourmann, physician to the Female Venereal Hospital at Paris. M. Hourmann was a young physician of very high promise, and had recently received, as the reward of his labor, the decoration of the Legion of Honor. About twelve months ago he inoculated his finger with venereal matter, while dressing a woman laboring under syphilis ; secondary symptoms set in ; the bones of the head were attacked, and M. Hourmann sunk under the disease.—*Prov. Med. Jour.* Oct. 22, 1842.



# THE WESTERN LANCET.

CINCINNATI, DECEMBER, 1842.

## POISONING BY MUSHROOMS.

The following communication from Prof. Mitchell, (which was received after the first department was made up,) will be found highly interesting and instructive. The subject is one of importance, as mushrooms are regularly exposed for sale in our markets, and by many are considered a great luxury. In some seasons, children in the country have access to them almost daily.

*To the Editor of the Western Lancet.*

SIR—The perusal of some remarks in your last number, on the poisonous influence of mushrooms, induced me to extract from my manuscript work on *Poisons*, the following summary on that subject. If you think it likely to interest your readers, please give it place in your next Lancet.

The number of the species of the article commonly called *mushrooms*, that are decidedly poisonous, has not been, and perhaps cannot be, definitely settled. Even close familiarity with the different species, for reasons to be named hereafter, cannot wholly avoid danger. The details necessary, in an attempt to point out the distinctions, even so far as they are supposed to be known, would occupy more space than we can spare, and are of less practical value than has been imagined.

It is affirmed, that the qualities of these articles are modified by circumstances, so that some which are ordinarily poisonous, may become inert, or even esculent, and vice versa. That climate has some effect on their properties is evident, for some that are quite poisonous in one country, are eaten with impunity in others. Cultivated in the same region, or growing spontaneously, the quality is much influenced by the weather, so that a long continuance of rain develops properties of a highly pernicious nature.

The very best mushrooms are also affected by the process of cookery. In the raw state, all of them are indigestible; but, under the operation of a suitable degree of heat, this quality vanishes. Nor should it be forgotten, that many persons are unable to partake of any kind of mushrooms, in whatever way prepared. This may be owing, partly, to idiosyncrasy, but is also somewhat dependent on the natural disrelish for the article, which, if taken as a matter of mere experiment, induces nausea or vomiting, followed by painful colic and diarrhœa. And there would seem to be good reason for the opinion expressed by some intelligent botanists, that the best kind of mushrooms could not be tolerated by any one, as a daily dish; the experiment, so far as it has been made, proving that deleterious results would ensue.

Various efforts have been made, to ascertain wherein consists the poisonous principle of mushrooms, of any kind, and under any circumstances. We are not sure that any one of these has been successful, nor have we good reason to hope for satisfactory results. *Letellier* supposes he has detected two principles, as the source of the evil. One of these is an acrid matter, so exceedingly volatile, as to fly off when the plant is dried, or boiled, or macerated in weak acids, alkalies, or alcohol. To this principle, he attributes the irritant properties of some mushrooms. The narcotic property, according to his researches, is more fixed, as would appear from its resistance of the drying process, the operation of boiling, and the agency of acids and alkalies. This principle is soluble in water, has no smell nor taste, and forms crystalisable salts.

The symptoms induced by poisonous mushrooms are exceedingly variable, but almost always a mixture of the usual products of irritants and narcotics—acrid poisons. In some cases, the irritant, and in others, the narcotic symptoms appear to preponderate. Urgent dyspnœa, scorching thirst, tormina of the bowels, abdominal tension, and profuse diarrhœa, supervene. Dimness of vision, giddiness, delirium, and coma, constitute the usual narcotic symptoms. Convulsions and fainting are sometimes noticed. These distressing effects are not always observed until several hours after the poison has been swallowed; yet they do, now and then, appear in a half hour or even less.

We have said, that esculent mushrooms may sometimes prove hurtful, and the remark is confirmed by the following case, recorded in the *London Lancet*, for July, 1839. “F. B——, aged 25, Ann

B——, his wife, aged 23, and their child, aged 4, gathered a quantity of mushrooms, on the morning of August 20th, 1830, with a view to sale. They could not dispose of them all, and, on going home, cooked the stock on hand, and ate them, with the addition of nothing but water. In a half hour, they were quite giddy, and the giddiness increased to dimness of sight. The hearing became painfully acute, and objects were seen imperfectly. The husband fancied himself involved in flame, and felt a sentiment of uncontrollable gladness, that prompted to muscular movements. The wife gave a similar account of herself; but the condition of the child could be gathered only from the obvious state of excitement.

An hour after the meal, Mr. Edwards saw the family, and supposed that all were drunk, as they were exhibiting feats indicative of a state of inebriation. Their countenances exhibited great hilarity, and yet consciousness was unclouded. The man was most vividly affected; his eyes glistened, the pupils expanded, the pulse was full and frequent, the tongue clean, and the breath untainted. He conversed without embarrassment, and appeared entirely rational.

The sulphate of zinc was employed, but to no purpose. The stomach-pump was next resorted to, and by it some half-digested mushrooms were removed. This gave considerable relief, and a few leeches to the temples completed the cure. It is proper to add, that no other persons were injured by the mushrooms gathered by this family."

The following cases evince the irritant as well as the narcotic effects of the poisonous mushrooms very clearly. A man, his wife, and three children, and a servant, dined on fish stewed with poisonous mushrooms. The wife, the servant, and one child, had vomiting, followed by stupor, but all recovered. The husband experienced violent cholera, but he got well also. The other children became profoundly lethargic and comatose; could not be vomited, and soon died, without exhibiting any other remarkable symptoms. Here was pure irritation, and obvious narcotism, from one and the same cause, operating on different constitutions.

The treatment, as above noticed, consisted mainly in a resort to general principles; for it was but recently, that a true antidote for the mushroom poison was announced. The following statement by M. Chansarel, taken from *Journal de Chimie Medicale*, for April, 1839, will speak for itself. "The use of vinegar, as a remedy for mushroom poison is improper, because the acetic acid dissolves the ener-



getic portion of the vegetable, and irritates the parts, inflamed by the poisonous matter. The true antidote is *nut-galls*, or rather the *tannin* contained in them. If nut-gall be used, add one ounce, bruised, to a pint of hot water, and give the clear infusion, in wine-glassful doses, oft repeated. In lieu of this, add from 30 to 40 grains of tannin to a pint of water, and give it in the same way." Whatever be the poisonous base of the mushrooms, the tannin most probably forms, in union with it, an inert and harmless compound.

The *morbid* condition, noticed after death, has not been fixed, with sufficient accuracy. The appearances observed are lividity of the surface of the whole body, fluidity of the blood, distention of the abdomen, inflammation and gangrene of the stomach and bowels, and venous congestion of the lungs. The sinuses of the dura mater have been found enormously distended with blood, the substance of the brain quite red, and a large clot of blood has been taken from the cerebellum.

THOS. D. MITCHELL, M. D.

Lexington, Ky., Nov., 1842.

It is a matter of singular interest that chemists have been unable to demonstrate the poisonous material contained in mushrooms. True, two substances, one supposed to be an irritant, and the other a narcotic, have been detected; but nothing certain has been discovered in relation to their precise properties, or indeed, that they are positively poisonous.

Since publishing the communication and remarks, in our last number, on this subject, we have read with care the deeply interesting observations of Prof. Liebig on poisons. He adverts to "a peculiar class of substances, which are generated during certain processes of decomposition, and which act upon the animal economy as deadly poisons, not on account of their power of entering into combination with it, or by reason of their containing a poisonous material, but solely by virtue of their peculiar condition." The salient point in explaining the *modus operandi* of these poisons, is the law pointed out by La Place and Berthollet, viz., "A molecule set in motion by any power can impart its own motion to another molecule with which it may be in contact." The principle is illustrated by *fermentation*. Yeast is a substance undergoing decomposition, and, if placed in contact with other peculiar bodies—as, for example, sugar—it imparts to the elements of that compound also a state of decomposition. This law is applicable to organic substances constituting parts of the animal

system, especially the blood. All the constituents of the animal organization are derived from the blood, and the reproduction of every individual part must depend on the same source. This fluid, however, cannot *cause* transformation, but is itself subject to that process.

When blood, cerebral substance, pus, &c., in a putrefactive condition, are placed in contact with wounds; vomiting, debility, and death frequently follow. This is occasionally witnessed in the dissecting room; and the same condition may result from receiving similar agents into the stomach. Prof. Liebig refers particularly to extensive poisoning with sausages made from substances undergoing partial decomposition. In these instances many persons died; and experiments were made to ascertain the nature of the poison, but none was detected. Boiling water, and alcohol, destroyed the poisonous qualities, without imbibing similar properties.

From these and other considerations, it is concluded, that these substances impart their own putrefactive conditions to the blood, upon the same principle that gluten, in a state of decomposition, would impart a similarly destructive process to a solution of sugar.

These substances, according to the preceding views, do not become noxious from the elaboration of a veritable *poison*, but it is only a peculiar *condition* of a body—a new arrangement of its molecules, consisting in putrefactive fermentation, which possesses the extraordinary property of imparting its own peculiar action to other compounds with which it may chance to come in contact.

A variety of circumstances would seem to indicate that poisonous mushrooms are allied to this very remarkable class of virulent bodies. The development of a deleterious agent in substances usually not poisonous—that condition occurring during a rapid growth in a moist condition favoring decomposition—the fact of their being a nitrogenized compound—and lastly, chemists, being unable to demonstrate a poisonous agent in them, are strong evidences that their pernicious effects proceed from a putrefactive decomposition, which may be imparted to the fluids of the system.

According to Prof. Liebig, acids, salts of mercury, chlorine, bromine, iodine, aromatic substances, volatile oils, &c., are capable of destroying this poisonous decomposition.

These agents arrest putrefaction, fermentation, and decay, and thereby suspend the deleterious properties of the compound. And hence, *nut-galls* or *tannin*, as stated in the communication of Prof. Mitchell, would probably prove remedial upon the same principles.

Although the preceding views are not to be regarded as positively certain, yet they offer a very plausible explanation of the subject, and should not be hastily rejected.

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**TREATMENT OF FEVERS.**—A private letter from a physician of Kentucky, contains the following remarks, which we extract for the purpose of showing the important changes that are taking place in the treatment of some forms of fever.

“Many valuable hints have been disseminated through the *Lancet*, in the past season, in reference to the management of fevers, and I have observed that amongst the more intelligent class of physicians, they have been adopted with the very best of consequences.

The sedative effects of quinine in miasmatic fevers, is now established beyond a doubt, and the once popular plan of treating by mercurial purgation, every variety of autumnal fever, is exploded, and the more rational one of treating with quinine, and other preparations of the barks, adopted.”

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**EXTRAORDINARY CASE OF TWINS.**—A case is related by Dr. Wm. Jameson, of Mercer's Hospital, in which a lady was delivered, without any unusual occurrence, of a healthy child, on the 13th of January; and on the 3rd of April following, symptoms of labor again came on, and delivery of a second child took place. The fœtus was shrivelled and dark, but not putrid, and appeared to be about the sixth month of gestation. The cord was small, but the placenta of the usual size.

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**WORK ON POISONS.**—It will be seen by Professor Mitchell's communication, that he has in manuscript a treatise on *Poisons*. A practical work on that subject, brought up to the present time, and adapted to our country, is greatly needed, and we doubt not, would be well received by the profession. The author is well qualified to prepare such a work on that subject, and we would suggest the propriety of its publication without further delay.



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ORIGINAL COMMUNICATIONS.

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*Thoughts on Bilious Disease*—By the EDITOR.

THE phrase "*bilious disease*," is remarkably indefinite. It not only fails to convey any distinct idea of a morbid condition, but its very ambiguous signification is made to embrace opposite conditions of the system. There is much in a name. A term applied to a particular subject should have a distinct meaning, and our conceptions of that subject will be greatly influenced by the appropriateness of the names employed.

We are disposed to believe that the *bilious pathology*, which hangs like an incubus about the profession, rests upon vague assumptions; that is, the explanation of nearly all diseases upon a supposition of deranged or vitiated biliary secretion, rests alone upon hypothesis, is the offspring of erroneous observation, and in its results is destructive in practice. The most preposterous assumptions of the humoral pathology in its most visionary pursuits, did not exceed in absurdity, and fell far short in pernicious effects, of equaling the bilious theory and practice of the present day.

So permanently settled are the views of some practitioners on this subject, that they scarcely stop to inquire into the causes of the disease; its immediate or remote consequences; its sympathies or

terminations; or whether there is a redundancy or deficiency of secretion; an alteration in quantity or quality. All these seem minor points; but the *treatment* is attended to with a degree of perseverance and monotonous routine unequaled in any other affection.

In making a few eclectic remarks on this subject, we might untie the gordian knot by contrasting the treatment with the pathology; and as one point we advert to that part of the subject.

Enlightened *therapeutics*, applied to sound *pathology*, no longer recognizes opposite conditions of organs and systems as amenable to a single medicinal agent, or one mode of medication. The exact morbid change being fully comprehended, the physician determines between two modes of treatment, stimulation or depletion, which are synonymous with excitants and sedatives. Can we conceive of any medicinal action and not associate it with an increase, or depressed action of the organ upon which it operates? We may classify the numerous articles found in the *materia medica*, and separate them into emetics, cathartics, stimulants, diaphoretics, diuretics, sialagogues, sedatives, alteratives, etc.; but can the most astute philosopher prove that these agents, and all others, except those belonging to the antiphlogistic regimen *proper*, do not produce their effects by exalting the functions of the part to which they are applied? How is it even with alteratives? Surely they effect a change in the animal economy by *exciting new action*, and altering depraved functions.

Are these principles, or, indeed, any other rational views, observed in the treatment of biliary diseases? Do we discriminate between depressed and exalted action? Let the universal custom of the profession answer. Who recognizes but one remedy for this class of diseases, and who relies on remedies not belonging to the mercurial family? None.

This exposition furnishes us conclusive evidence, that what is called bilious disease, and biliary derangements, are imperfectly understood by many who prescribe for them. We suppose mercury to be exciting, and therefore only applicable to that condition of the biliary apparatus which is below healthy action. Others affirm that mercury is a sedative, and therefore can subdue disease as connected only with over-action. It is very clear that the remedy is not both depressing and exciting; and therefore, whichever view may be adopted, its therapeutical influence is restricted to *one* condition.

We may with as much propriety search for the philosopher's stone, as for a catholicon.

But, not to take this advantage of the subject, we view it in another aspect. It is well known, that the animal organization is constantly, and, in health, *regularly*, undergoing a change; the tissues that make up the organs are being metamorphosed; a chemico-vital change in the capillary system is constantly decomposing the organs, and effete matter is cast off, while the blood supplies new materials to take the place of those recently detached. The amount of effete material, which is more or less complex, is equal, *cæteris paribus*, to the amount of nutritive matter supplied.

When the system has attained its perfect organization, as in adult life, an equilibrium is established between waste and supply; the decomposition of the organs, and the nutritive materials conveyed to the tissues by the blood, become balanced, and the body, in relation to size, for a limited period, remains stationary. But at all periods, and under all circumstances, transformation of the organs must take place; effete matter must be removed, and, if health is maintained, expelled from the system.

The principle excretory organs are the liver, lungs, skin and kidneys. These are so constituted, that some perform nearly analogous functions, that is, cast off the same effete elements; while others separate from the blood matter bearing no chemical or vital relations to the former. Thus the principal material eliminated from the lungs is carbon; and in the secretions of the liver, the same substance is found to predominate; hence we may assume, that these organs separate superfluous carbon from the blood, and, to a certain extent, are analogous in function. The products of urinary secretion are largely made up of nitrogen.

We must carefully distinguish between *excretion* and *secretion*. By the former we designate such products as are entirely effete, being no longer adapted to the support of any vital process of the system. Secretions, are those substances separated from the blood, which are destined to receive new applications under the laws of vitality. Bile is *excrementitious*. Its chemical composition will aid in establishing this position. The element which largely predominates in bile is *carbon*. The sources of carbon are two fold. One portion is obtained from the transformation of the tissues, but a still larger portion is derived from the food.



Carbon performs an important part in the elementary composition and subsequent sustenance of the system ; but to prevent pernicious effects from its introduction, it must be transformed, that is, it enters into combination with other materials, either in the composition of tissues, or in union with other chemical agents, by which it is modified and adapted to the sustenance of special functions.

The chemical theory of respiration assumes, that oxygen, in the round of the systemic circulation, combines with the carbon, which is a constituent part of the organs, and the product of this union is carbonic acid gas, which is thrown off by respiration. The union of oxygen and carbon always develops heat, which sustains the temperature of the animal body.

Carbon must always enter into the composition of the organs, and its removal is equally imperious. The process of respiration removes carbon, so far as a chemical combination of this substance and oxygen can be effected ; but as the supply of oxygen must vary with the purity of the atmosphere, and integrity of the lungs, it is obvious that an exact ratio between these agents is not always present. If oxygen happens to be greatly in excess, the tissues will be more rapidly decomposed, than is compatible with health ; but if carbon predominates, transformation is impeded, and the system becomes greatly oppressed and deranged, unless the superabundance of this material is removed. The liver is the principal auxiliary to the lungs in effecting the removal of carbon from the system : and hence the source of bile.

The amount of carbon elaborated by the liver is much greater than is conveyed to it by the decomposition of the various tissues ; it is therefore obvious, that this great excess must be derived from the food.

According to the preceding views, it is obvious, that diseases of the liver may embrace several varieties of derangement. There may be organic disease of the parenchymatous structure, or of the secretory function, or the elements of bile may be so changed as to become a cause of disease. The anatomical and chemical composition of the liver, and its own intrinsic vitality, have no immediate association, or direct connection, with its secretory function, at least so far as it regards the production of disease ; and it is unquestionable that there may be inflammation of the liver, uninfluenced in its production by the bile, either in regard to quantity or quality.

And when we consider the sources of bile, it is evident that great changes may occur, both in regard to quantity and quality, without the liver being in the slightest degree implicated in the production of those changes. How futile, then, to direct our attention exclusively to the liver in bilious conditions of the system; and how equally absurd to rely on a single remedy, or one mode of medication, to control these complicated derangements.

The influence of particular climates on individuals forcibly illustrates this subject. In high northern latitudes, where the atmosphere is pure, and contains a relatively large proportion of oxygen, bilious diseases are comparatively unknown. Here the oxygen removes the carbon in a more rapid manner, and relieves the system from its influence. In the South these conditions are reversed; the atmosphere is less pure; a smaller proportion of oxygen gains admission to the blood, and other causes contributing to the same end, bile becomes excessive in quantity.

We should carefully distinguish between a derangement of the *elements* of bile, and a morbid condition of the secretion itself. As a result of torpor, the secretory power of the liver may fail to elaborate the usual quantity of bile, and as a consequence the circulation will become surcharged with the elements of that secretion, in the same way that urea may be thrown into the circulation as the result of defective renal secretion. Or, an undue activity may be imparted to the secernent function of the liver, and a morbid quantity of bile will be thrown into the intestines.

In the latter condition, when the liver is already producing too much bile, should we stimulate it to increased action? The use of mercurial purgatives, under these circumstances, will directly increase the derangement, and contribute to develop local and general disease. And we feel but little hesitation in believing, that a large proportion of the diseases termed scrofulous, owe their origin to this prolific source.

A jaundiced condition of the system, furnishes no evidence of a superabundance of bile; true, it may be connected with an increased quantity of that secretion, but it should not be regarded as evidence of such a condition, without the concurrence of other and more conclusive symptoms. Local obstructions and increased activity of the absorbents may contribute to this result, without any undue quantity of bile.

These reflections lead us to clear and definite positions. We can understand that the elements of bile may be deranged without the liver being implicated; or the liver may become diseased without the elements of bile having undergone any change. An increased quantity of bile may result from either a superabundance of the elements, or undue activity in the secreting power. And bile may be diminished in quantity from the paucity of its elements, or from torpor of the liver.

These positions are of the utmost importance in practical medicine. Take one illustration. We have increased secretion of bile. What is the remedy? Do we give calomel? and what are its effects? If the secreting power of the liver is already morbidly active; if the secretion of bile far exceeds its healthy quantity, it would be preposterous in the extreme to add new excitement by artificial means. As well might we attempt to calm the tumultuous action of the heart by the administration of stimulants, as to arrest profuse hepatic secretion, the result of local excitement, by the administration of local stimulants, such as calomel.

Take the opposite condition. Is there diminished secretion depending on paucity of the elements of bile—what is the remedy? Do we again give mercury? Perhaps so. Should this course be adopted, the first effects may be *apparently* beneficial; an increased flow of bile may take place; but as this course is urged still further, the more effectually to accomplish the desirable object of exciting the liver, the circulation is rapidly deprived of the biliary elements, the transformation is too active, the body emaciates, morbid excitement supervenes, and the secernent vessels still goaded on to action, attack the blood itself, and hemorrhage from the bowels makes up the sequel.

We arrive at the following conclusions: If the elements of bile accumulate beyond a natural quantity, and the liver fails to convey it out of the system; or if the liver does not secrete its appropriate fluid in consequence of local torpor, then, in either of the preceding conditions, *mercury* becomes an appropriate and highly valuable remedy, because it produces local excitement, and thereby removes the morbid condition of the system.

But the practical indications are reversed when a superabundance of bile is secreted in consequence of a morbid activity of the secernent vessels; and also, when a scarcity of the secretion results from deficient elementary materials.



In attempting to remedy the first of these conditions, local morbid excitement causing increased secretion, general pathological and therapeutical principles must be our guide. If the liver is over-acting, which will be evinced by the quantity of the secretion, and the derangement being confined, in the first place, to the organ itself, and consecutively implicating other functions, such remedies as will soothe its excitement, must be resorted to; and among these may be named, bleeding, diaphoretics, sedatives, counter-irritants, and other similar medicinal agents.

When the elements of bile are deficient, the evidences of disease are not less apparent, though not always equally violent, and frequently associated with other derangements. In this condition, notwithstanding the liver may maintain its individual integrity, yet but little and perhaps vitiated bile is secreted. In these cases, constitutional symptoms, such as emaciation, general debility, depraved secretions, irregularities in the capillary circulation, together with other general and local symptoms resulting from constitutional predisposition and peculiarities, supervene.

These conditions of the hepatic functions, local and constitutional, are found associated with most diseased actions that affect the system; and we should be convinced that one general course, or a single remedy, must disappoint our expectations in regard to the effects of remedies. The phrase, "bilious disease," explains nothing, but involves the practitioner in errors numerous and destructive.

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*A few Observations upon some of the Modes of Treating Wounds of the Larger Joints; with a detailed case of an incised wound of the Knee*—By E. D. BLACK, M. D., of Burlington, Iowa.

MR. EDITOR:—Not knowing that any thing good can come from so far west as Iowa, yet I take the liberty of sending you the following case, and remarks. If you deem them worthy of a place in the *Lancet*, you are at liberty to publish them.

In the remotest pages of the history of surgery, we are informed that the ancients considered wounds of the larger joints, be they ever so slight, to be attended with great danger. Hence arose the

many vague theories and absurd modes in the treatment of such wounds; such as the anointing of the instrument which inflicted the wound, and wrapping it carefully up, and laying it aside until the wound healed, while to the wound was applied only the most simple dressing.

Brocher was of the opinion that wounds of the larger joints have always been exaggerated by ancient prejudice, in which opinion Desault also concurs.

But making every allowance for prejudice, a man must be very skeptical indeed who does not consider wounds of so large a joint as the knee, as furnishing real cause for the apprehension of danger, which at least are Mr. Ford's opinions. But when we cast our eyes around us, and see the many vague theories, and the wild speculations of authors which have been, and are at this time, popular with many, who are always ready to carry such speculations into practice, we can be no longer blind to the cause of so great a sacrifice of limb and life, without being satisfied that much must be done to enlighten the practicing surgeon, in treating such cases with hopes of a cure. Let me here call your attention to some of the means used in such practice. The first is, that of probing wounds of this nature. Where the ligaments have not been injured by the wound, by this last operation they are very likely to be, and the result is an escape of the synovia, which is sure to flow; another is that of keeping tents in these kind of wounds so as to let "noxious humors and corruption get out."

Again, the many nostrum venders, who travel over the country, some of them cloaked with a diploma, each having some specific for fresh wounds, and "ointment whose virtue has never been known to fail," or "its drawing powers never been surpassed."

Surgery, at the present day, has arrived at that point when we should at least hope that such pernicious meddling would be laid aside, as the great mass of the people have become so much enlightened as to be able to judge between the intelligent surgeon and the ignorant empiric, and should appreciate the worth of the former, while they unite to check the dangerous quackery of the latter. But this is not exactly the case.

But let us return and examine the labors of a Boyer, who spent the greater part of his life in searching out those facts which he has presented to the world — of a Brodie, a Wilson, a Ford, and an

Everard Home, with the many operations on the joints which they performed; their theories tested by practice, and that too with such great success,—and we will be astonished at the great sacrifice of limb, and life, at the shrine of empiricism, by men who have not learned even the names of those bright luminaries of the profession, much less that surgery is a science. But for the case.

James Henry, ætat. 35, a farmer, belonging to a healthy family, of a bilious temperament, living in a miasmatic district, on the 21st of August, was wounded by a broad-axe on the inner side of the knee, over the inner condyle of the os femoris, extending two inches upon the tibia; the wound being about three inches long. At first there was a slight hemorrhage; the lips of the wound was drawn together by one of the men who were present, and confined there by bandages, at the time of the accident; and then a man, one of those self-styled Doctors, was sent for. He came with probe in hand; to complete the wound, tore off the dressing, broke open the wound, and “went hard to work, probing.” The result was an alarming hemorrhage, and an escape of a thin white fluid, the synovia. After thus doing as much injury as he well could, he proceeded to dress the wound. He first placed a tent in it, as he said, “to let out all the matter,” and applying a roller, he directed it to be bathed in cold water every three hours. This treatment was persevered in for seven days, without any benefit to the patient. He was then discharged and another was called in; he also being one of those mighty men, a *root Doctor*. He had the tent taken out, the lips drawn together and confined, which united in a few days. Then followed rapidly this train of symptoms—great swelling of the knee, pain and redness; at the expiration of the fifth day, an opening to a large abscess was formed. The Doctor, in the plenitude of his wisdom, used an injection to this abscess, of the acetate of lead; how strong I did not learn; and also a tent, to keep the wound open, as did his eminent predecessor, and his “drawing salve,” which he said “was intended to bring out the bad matter in the sore.” This sort of remedies was used, and this form of treatment persevered in, until the 25th of September, with a great loss of strength and flesh to the patient. At this time the Doctor left him, with this consoling advice—“that he must get some one to cut off his leg.” At this crisis I was called.

So much of the history of this case I obtained from a faithful



nurse who attended him. I found the patient laboring under the following symptoms: Great emaciation and loss of muscular power; loss of appetite, bowels costive, pulse quick and soft, or gaseous, one hundred and twenty beats in a minute; great restlessness, flushed face, skin dry and shriveled; tongue dry and coated with a yellow fur; considerable thirst: the leg much swollen and great tenderness to the touch, so much so that he could not bear any weight of bed clothes; the knee greatly swollen, and a discharge from the wound of a thin greenish fluid, of great fetor; the skin, for several inches around the wound, was of a purplish appearance, and the limb so painful that he could not bear to have it moved in the bed. My treatment was this: I gave a cathartic, composed of calomel, gr. x.; com. ext. colocynth, gr. xv. I gave of this a large dose, as the bowels had not been moved for three days. Had the leg and knee washed clean, and every thing stripped off it. I then applied four large blisters to it, one over the gastrocnemius internus, extending near to the hip; another in the popliteal space; one down the leg, on the inner side, extending from the knee to near the foot; and the other on the outer side of the thigh and leg, extending several inches above and below the joint. I dilated the opening to the abscess, so as to introduce a large tent, which I rolled in dried pulverized alum; ordered the blisters kept on until the vesicles had filled, when they were to be removed and dressed with emollient poultices.

September 30th, 12 o'clock—The cathartic had moved his bowels, producing dark greenish stools; the blisters had remained eighteen hours before they vesicated; the vesicles had filled with a transparent semifluid, of a jelly nature, and of a tenacious or sticky character; when the cuticle was cut that held it, it did not run, neither could it be removed, only by the poultices; at this time the blistered surfaces were all dried.

Symptoms—The patient rested better, his cheeks were still flushed, his skin dry; the tongue dry and coated; the pulse 110, soft or gaseous; leg and knee were still painful, and much swollen, and the discharge about the same.

Treatment—I gave submur. hydrag. gr. xxiv; rhei, gr. viii; ft. pilulæ viii; one to be given every three hours. Should they not operate upon the bowels, to give rhei, as a cathartic, after giving all the pills; reapplied the blisters to the leg—the tent used as before.

October 2d, 12 o'clock—The medicine had operated three times,

bringing away dark, thick, and fœtid stools. The blisters had done well, filling with the same jelly-like substance, which could be removed only by poultices. The discharge from the abscess checked.

Symptoms—Skin still dry; tongue dry, but not so much coated; less thirst; some appetite; pulse between 100 and 110, soft but fuller; rested better. To-day I gave sulphate quinine, gr. i, every hour; the blisters were reapplied as soon as any of the surfaces became dry; had the whole limb bathed in a warm alkaline bath; used, instead of the burnt alum, a solution of nitrate of silver, a grain to the ounce, repeated every three hours, with slight compression upon the abscess.

October 5th, 1 o'clock—He had taken fifty grains of quinine; had taken rhei, gr. xv, to operate as a cathartic. The evacuations are still bilious. The skin was moist; tongue moist and nearly clean; appetite much improved. The discharge from the knee had entirely stopped, and a healthy pus appeared in its stead. He slept well—had no pain in the leg or knee: swelling much reduced. I applied a blister, this morning, above the knee, which filled with serum, except over the joint, where it was the same substance as before. This produced strangury; that was relieved by mucilaginous drinks. I took out the tent, gave quinine, gr. i; opi. gr. ss., every two hours; and rhei as a cathartic, should the bowels not be moved, once every twenty-four hours.

October 7th, 2 o'clock—Skin moist; pulse 80, full; tongue clean and moist; appetite much improved. He had no pain in leg or knee; a slight discharge of healthy pus from the abscess; the blisters doing well. Treatment to-day the same as when I last visited him.

October 11th, 2 o'clock—He had taken fifty grains of quinine, and twenty-five of opium. Skin moist; tongue moist and clean; pulse 75, full; the flush on his cheeks disappeared; his appetite was good; bowels regular for the last forty-eight hours, having two stools in twenty-four hours, without the use of cathartics; this is the first that they have been moved, since his knee was hurt, without the aid of a purgative. The stools of a healthy appearance—no pain in the leg or knee; the blistered surfaces look well, the vesicles filling with serum, except over the joint, where it has the same jelly appearance. The abscess is very nigh healed; a slight discharge of healthy pus. I deemed it unnecessary to give any medicines; ordered a nutritive diet—the same treatment to the leg.

October 14th, 12 o'clock—The appearance of the patient was much improved. He had sat up in his bed—skin was moist—tongue moist; pulse 75, full—craving appetite—no pain in his leg, or knee, on pressure; some appearance of pus above the inner condyle of the femoris; symptoms of an abscess, though no fluctuation on pressure. The same treatment to-day as before.

October 18th, 12 o'clock—The patient still continues to improve in strength. Symptoms the same as on last visit. He sat up in his bed a good part of his time; could bear pressure on his leg without pain. Where I thought was pus, is evident to-day; the abscess had pointed immediately over the inner condyle of the femoris, about half an inch above the first wound, where I thrust in my lancet; a large portion of pus escaped: I pressed it out as well as I could, avoiding the entrance of the atmosphere. When the abscess was empty, I applied a roller, from the hip down to the foot, drawing it tight over the abscess. Used no other treatment to-day, but the roller, and a nourishing diet.

October 22d, 12 o'clock—Patient was doing well. The roller about the knee had become slack, which I tightened again.

October 24th, 12 o'clock—Swelling much subsided: appearance of adhesion of the walls of the abscess. Tightened the roller.

October 28th, 10 o'clock—Great improvement in the strength of the patient. Had been out of bed—limb without pain—the wound of the knee healed—but slight swelling; could use the knee some, without pain. His appetite was good, and bowels regular. I supposed the cause of his not being able to move the joint more than he did, was owing to the ligaments being thickened. As there was no ankylosis, I resorted to the use of the blister, to create absorption of the supposed thickened ligaments. I saw my patient in fifteen days after. He had faithfully persevered in the use of the blisters, having one or more running all the time, and when I saw him he had enjoyed very near as much use of this joint, as he ever had, with a great gain of strength and flesh. Discharged, cured, on the 12th of November.

As I was called in for the purpose of amputating the limb, I suppose I should have proceeded to the operation immediately, in strict conformity to medical etiquette. But, having ascertained that both of my illustrious predecessors were most learned "root Doctors,"



I did not think it advisable to sacrifice the patient's leg to motives of mere personal etiquette, even where it is justly due. Consequently, instead of cutting off a limb, I went to work and cured it.

*Burlington, Nov. 18, 1842.*

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*Remarks on the Influence of a Cold and Damp Atmosphere on the Pleura, Lungs, and Bronchia—By THOMAS H. ROE, M. D., of Newark, Ohio, Member of the Academy of Natural Sciences of Philadelphia, etc.*

The pleura is a fine transparent membrane, investing the lungs and lining the chest, forming almost a complete shut sac. The internal surface of the sac secretes, and the sides of it are ever in contact, nothing being interposed but the thin fluid exhaled by the fine vessels with which the membrane is abundantly provided. This membrane, in a state of nature, is beautifully protected from any irritation arising within its own cavity; but its diseases are immediately brought on by causes capable of producing general constitutional disturbance. The pleura is liable, in common with most textures of the body, to inflammation, in all its variety of forms, especially to dropsy. This membrane is largely provided with absorbent vessels, which, in a healthy state, go on commensurate with secretion. The balance between these two actions, being in the least destroyed, produces most of the diseases which befall this organ, or the serous texture. I believe most physiologists say, that there is not so great a sympathy, or concert of action, between the skin and serous membrane, as between the skin and mucous membranes; yet the remarkable activity and dangerous nature of the diseases of the serous textures, produced by the application of cold and moisture, gives them sufficient claim to a prior notice. The extreme facility with which active inflammation is induced in the pleura, by cold, seems to admit of this explanation. Its vessels are very small in calibre; their secretion is by no means abundant, and but little disposed, under ordinary circumstances, to any great increase in quantity; and hence, when, in consequence of a suppression of the cutaneous exhalation, and a repulsion of the fluids from the surface,

a determination to a serous membrane has arisen, the same vent by an increase of secretion is not afforded, as in mucous membranes; and thus the determination passes readily into acute inflammation. The less frequent occurrence of these diseases, in hot countries, and the less active character of the constitutional symptoms, when they occur, appear to me not to depend so much on any difference in the operation of the exciting cause, as to the lower tone of life to which those people, living in malarious districts, are habitually predisposed.

Pleurisy is a prevailing disease of this part of the country, and it seems to originate from the immediate effect of cold acting on the integuments of the chest, between which, and the pleura, there is a free vascular communication.

In the parenchymatous texture, acute inflammation follows the application of cold and moisture to the surface, in the same way it effects the pleura. Let us confine ourselves, therefore, to the more chronic changes in that texture, with the development of which cold has a most material connexion. Of these, the chief seem to be, slow inflammation, tubercles, and scrofula; all, the results of an uncertain climate. Of the large organs, the lungs seem to be a favorite seat of slow inflammation from a cold and damp atmosphere.

The scrofulous constitution is the result of an uncertain climate, operating, through several successive generations, on the actions of the body, and exists in the most highly developed form in individuals in whom, as the progeny of the successive intermarriages of scrofulous ancestors, the morbid taint has largely accumulated. Yet this constitution seems to give but the predisposition to actual disease; some of the forms of cold are required, to call such disease into action. It is to a cold and damp atmosphere, acting directly or indirectly, that we are to attribute the rapid development of this most formidable disease. I have no doubt that tubercles may exist for years in an occult state, provided no cause be applied to call them into action. Without entering into a controversy as to the inflammatory or non-inflammatory origin of tubercles, certain it is, that when they already exist in an inactive state, nothing so quickly calls them into action as the exposure of the patient to the influence of cold and moisture; because it destroys the balance of the circulation, by driving the blood from the surface, and accumulating it in the lungs; hence disposing latent tubercles to pass into a new action, under which suppuration and its dreadful effects are produced. Several

causes may be assigned why hemorrhage from the lungs so often follows the repulsion of blood from the surface, by cold. For the whole blood of the body passes through the lungs about twenty times in an hour ; and that organ having at the same time the most lax and delicate structure, is most susceptible of distention, and to this distention there is no obstacle, on account of the power of the lungs, to exclude a portion of air ; hence when the capacity of any other part, for blood, is contracted, as that of the skin, the lungs become the natural reservoir for the superfluity, and thus is produced that condition of over-fulness in its vessels, on which hemorrhage depends.

To the mucous membrane of the bronchia belongs another important class of diseases, dependent on the application of cold and moisture to the surface of the body.

While, however, the production of its diseases are attributed to cold acting on the skin, something is due to the changes arising in the action of the mucous membrane by the reception of a cold and dry air into the lungs. For a cold and dry air increases the energy of respiration, and this increase of energy may sometimes so affect delicate habits, as to give immediate origin to inflammation of the mucous textures ; but a cold and damp air is much more apt to beget disease, by its direct influence on the lungs ; for such air cannot carry off the usual amount of watery exhalation from that organ. Cold and moisture, applied to the surface, aided by its direct effect on the lungs, produces inflammation, in the mucous membrane, of the air passages, in all its variety of forms. But in some of the slightest forms of disease, affecting the mucous tissue, secretion is simply increased. Whenever the disease does not quickly terminate, inflammation, to a greater or less extent, will grow up ; nor is it easy to say why the same cause should give rise to effects so very different. Much of the variety, in this respect, must depend on the previous disposition of the mucous membrane, and a great part of it, also, is often connected with that unknown source of disease termed epidemic influence. Although cold, in most cases of this kind, is the essential cause of disease, that is, the cause without which the disease would not have occurred ; yet there are, too often, other hidden causes ready to come into action, and to co-operate with cold and moisture, on the pleura, lungs, and bronchia, as soon as it has succeeded in making the first impression.



*A Case of Spontaneous Evolution of the Fœtus.*

*To the Editor of the Western Lancet.*

SIR—On the 8th of June, 1838, I was called in haste, at night, to see Mrs. Langley, at the Yellow Springs, who had been in labor eighteen or twenty hours, under the direction of a midwife. I was informed that the arm presented at an early hour, and had remained down ever since. She told the woman she could manage the case, and said she had often turned under similar circumstances. She did every thing she could, without effecting any change. On examination, I found the arm down to the shoulder joint, and very much swollen. The position of the child was transverse; head in the left iliac fossa, the feet to the right, face backward, the right arm down.

The patient was æt. 25, robust and full habit; face swollen, eyes red and protuberant, headache, pulse full and tense. I gave the patient one drachm of tinct. opii, tied up her arm, and from a large orifice took a quart or more of blood, preparatory to turning. But before I got her arm tied up, she said there was a change in the position of the child. I ordered the midwife to go to her, until I could tie up her arm, and she immediately ascertained there was a change. Upon examination I discovered that the arm had receded, and the feet were in the vagina; I made traction, and in a few minutes delivered her of a large male child, dead. The placenta came away with the child, and, from its appearance, must have been separated from the uterus several hours, which was the cause of the child's death. I cut the cord and endeavored to make it bleed, but could not, as the blood was coagulated.

I should have stated, that when I arrived, the uterus was making the most powerful efforts to disburthen itself, which were incessant. This case is interesting from its novelty; as some of the best writers say that spontaneous evolution of the fœtus never takes place.

Very severe local inflammation and fever followed the injury done by the midwife in her manœuvres to turn the child; and I had to resort to venesection and other active treatment, before I could restore the patient to health, which, however, was accomplished in a few weeks. I should have thought that I might have mistaken the foot for the arm, but after delivery the right arm was as large as my own, and entirely black.

THOS. DUNN,

*Clifton, O., Dec. 12, 1842.*

## BIBLIOGRAPHICAL NOTICES.

*The History, Diagnosis, and Treatment of Typhoid and Typhus Fever, with an Essay on the Diagnosis of Bilious Remittent, and of Yellow Fever.* By ELISHA BARTLETT, M. D., Professor of the Theory and Practice of Medicine in Transylvania University.

The above is the title of a book lately issued, in excellent type and paper, from the press of Lea & Blanchard, of Philadelphia. It is the production of a distinguished individual in the Medical Profession of our country, and is entitled to an impartial and thorough examination by every one who feels interested in the great questions discussed by the author.

Our purpose, on this occasion, is, not to enter upon any analytical inquiry in reference to the doctrines advanced in the work, but only to give a succinct statement of the author's prominent views, and to add some suggestions adverse to them.

The first and most important view advanced by the author, is, that Typhoid, Typhus, Bilious Remittent, and Yellow Fever, are distinct diseases. That they differ in their etiology, symptoms, anatomical character, and method of cure.

Another doctrine advanced by the author, is, that "there is no such disease as that which has always been expressed, and which is still expressed by the term *fever*. How then," he asks, most pertinently, "can there be any *theory* of fever?" "The word *fever*, when used, as it commonly is, to designate a disease, has no intelligible signification. It is wholly a creature of the fancy; the offspring of a false generalization, and of a spurious philosophy. What, then, can its theory be, but the shadow of a shade?" p. 137. If we comprehend correctly the bearing of the above quoted denial of the substantive existence of fever, it amounts to this, and no more, that there is no such idiopathic affection termed fever; but that all the phenomena presented by a patient laboring under typhus, typhoid or bilious remittent fever, owe their origination to some organic lesion. In other words, no mere functional derangement of the innervation, circulation, and secretories of the body, can exist and pro-

duce the constitutional disturbance called fever, independent of some structural alteration. To the blood, however, the author looks with yearning complacency for some light to illuminate our present darkness on the theory of typhoid fever. After his total abjuration of all theory, we were surprised to find a separate chapter devoted to its consideration. Ten pages are lavished on this "shadow of a shade!" Typhus and typhoid, says our author, are distinct diseases. So says not Louis, in his last edition of his celebrated work on fever. So says not Andral, in his Clinique Medicale. So says not Christison, Dunglison, and Bell, in their late works on fever.

Louis asserts that typhus and typhoid fever are the same; both being contagious. Our author says that typhus is contagious, and typhoid not.

"The triple lesion," says Dr. Gerhard, (see Am. Med. Journal, for 1837,) "of the glands of Peyer, mesenteric glands and spleen, constituting the anatomical characteristic of the dothi-enteritis or typhoid fever, although sought for with the greatest care, evidently did not exist in the epidemic typhus." Our author seems to adopt, in full, the doctrines advanced by Dr. Gerhard on this subject.

But let us hear what a very high authority, in the profession, says on this matter. Although with a strong proclivity towards the anatomical school as is safe for the due equipoise of a practical judgment, his statements run athwart of our author's *theory of fever*.

Prof. Geddings, (see Baltimore Med. and Surg. Journal, vol. I, p. 70,) thus speaks:

"The principal acute diseases, of which follicular gastro-enteritis forms a concomitant, are fever, diarrhœa, dysentery, cholera, and cholera infantum. p. 76. As far back as 1822, we had occasion to recognize the enlargement and inflammation of the intestinal follicles of an infant, who died of an attack of autumnal fever, on the second day after the attack, in consequence of the supervention of convulsions. We have repeatedly met with it in those who had died at an early period of bilious remittent, yellow, and typhoid fevers. In the last stage of phthisis especially, it is found that the gastro-intestinal mucous surface becomes extensively implicated, giving rise to inflammation and enlargement of the follicles, ulceration, perforation, and, in short, all the conditions which have been described as appertaining to follicular gastro-enteritis in general. This has been fully confirmed by the dissections of Louis, Andral, and others."



What value can be attached to this follicular ulceration in typhoid fever, when it is found in such a number of distinct diseases, as those referred to by Dr. Geddings?

Besides, our author and Dr. Geddings differ as regards the presence of dothinenenteritis in bilious remittent fever; the one denying, and the other averring its presence. Although we dissent, *in toto*, from the views so *theoretically* urged in the work under consideration, as regards the entire separateness of typhus, typhoid, bilious remittent, and yellow fever, in their etiology, symptomatology, anatomical character and treatment, we find much in its pages to admire; and would advise every student and practitioner, who is desirous of keeping pace with the onward march of the science, to obtain the book, and give it a careful perusal. As a practical book, we must add, it is not adapted to our western fevers. H.

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*The Good Physician*—being an Introductory to the Course of Lectures on Materia Medica and Therapeutics, in the Medical Department of Transylvania University, for the Session of 1842:3—By THOS. D. MITCHELL, M. D., Professor, etc. Published by the Medical Class. *Lexington, Ky.* pp. 18.

The question, What constitutes a good physician,—is one of great importance, and is not to be decided hastily, or by incompetent judges. The author of the Lecture before us is well and favorably known for his profound and varied acquirements in medical science; and his high reputation for soundness of principles, and depth of learning, is fully sustained by the discourse under notice. His beauty and strength of composition, are happily united with clearness of conception, and accuracy of judgment.

The following extract very clearly exhibits the secret of the success of the superficial, and frequent failure of the meritorious:

“On whatever theme in morals, science, politics or religion, the popular sentiment may have truth for its basis, it is almost sure to err in its estimate of the real value and intrinsic nature of the medical character. This mistake has its origin in the almost universal custom of judging persons and things, not according to their intrinsic

worth, but in the ratio of apparent or superficial excellence. There is not an individual before me, who has not witnessed instances, without number, of this kind of ex-parte verdict. Have you not seen the man, whose tongue, the nearest approximation possible to perpetual motion, is never still, acquire a character of consequence for no other consideration on earth, than his redundant, down-hill volubility? And who has not looked with regret on the man of sterling sense, who seldom speaks but as occasion demands, whose words are often like apples of gold in pictures of silver, but whose morbid modesty cramps him within the reputation of mediocrity, excepting in the judgment of a few who have learned somewhat of his real character? Thus it is, that the popular regard of the medical character is based, alas how often, on some contingent and not always laudable quality, rather than on the diamond intellect and golden attainments of the individual."

Medical knowledge is often regarded as of such easy acquisition, gained almost by intuition, that the self-styled doctor, whose ephemeral studies have not even taught him his own ignorance, are hailed as ample evidence of qualifications. Our author thus states his views :

" We cite, as another reason for the frequent success of ignorant practitioners, the prevalent mistake of regarding the science of medicine as, of all kinds of knowledge, the most easy of attainment. Hence, doubtless, it happens that so many persons enjoy extensive patronage, who know very little of the profession. Indeed, so thoughtless are the people, generally, as to be quite indifferent to the inquiry whether a man who calls himself *Doctor* has ever received any sort of medical education. Nay, further: there are not a few, even in the higher walks of society, so strangely deluded as to countenance and patronise the boldest empiricism, with the most palpable evidence of defection staring them in the face. They hesitate not to put their health and lives at the disposal of a man, for whose judgment, on almost any other matter, they publicly avow the most unqualified contempt. His opinions on the general interests of society have less weight than the down of the smallest feather; and yet *he* is held to be the man on whom, above all others, dead, living or to live, the joint mantles of Hippocrates and Esculapius exclusively fell. Talk of delusions as you please, but if you desire the climax, it is here. The ravings of Mormonism and Mesmerism fall infinitely in the shade, when put in contrast with such fanaticism. Do we then affirm too much, in pronouncing the evil before us to be of alarming magnitude; one that despoils the man of worth, and heaps favors and honors upon those who should be spurned from the society of the intelligent and virtuous; an evil that lays the axe at the root of good order and the happiness of mankind? We think not, and our confidence is firm, that the sequel will thoroughly satisfy

any who are inclined to be sceptical, that our estimate is neither high-wrought, nor, in any important sense, at variance with truth and equity."

The subject of defective education is presented in its true aspect by the lecturer. The views of the author on this subject are certainly orthodox, and practically applied, would mitigate many evils incident to our profession. But as we have not space for extracts on this part of the subject, we pass to the next—*professional education.*

"Superadded to natural qualifications and the advantages of a sound English education, it is essential to the formation of a well balanced and amply furnished physician, that the period of medical pupilage be devoted to the investigation of the entire range of topics that appertain legitimately to the science. It will not suffice, to acquire a tolerably full acquaintance with the elements of the several departments. This kind of knowledge is indispensable; but it must be followed by a careful study of standard authorities, a vigilant supervision of every variety of the periodical literature of the profession, that may be accessible. I know that the curriculum of studies now suggested, will at once excite an inquiry, as to the length of time that ought to be devoted to pupilage. And while I am compelled to regret the change that has passed over the profession throughout our whole country, in this important particular, I hesitate not to stand forth as the fearless advocate of the good old way. Even in the short period of my own history, the time has been, when the majority of the pupils in attendance on medical lectures, had more than completed three years of regular study, before they ventured to offer as candidates for the honors of the school. And is the field of investigation more circumscribed now, than it was thirty years ago? Where is the man, versed as he should be, in the outline, at least, in the varied improvements of every department of science, who does not know that more is to be learned by the medical pupil, as well as by the practising physician, now, than the most untiring industry could have accumulated, a quarter of a century ago? It would seem as though we had but just passed the threshold of a mine whose treasures are absolutely inexhaustible. In the dim twilight of our imperfect researches, the brilliancy of a diamond here and there, and the lustre of the precious metals, in quantity almost too minute to be appreciated, have suddenly burst upon our vision, and their overpowering charms have struck us mute in astonishment, and perchance we have fancied that our survey of the rich treasure was complete. Escorted only by the dim rush-light of our own fancy, or by the glimmering taper of some splendid theory, baseless as the fabric of a vision, we have not seen the thousandth part of the rich treasure, that lay almost within our grasp. Who would thus preposterously essay to explore even the Mammoth Cave of Ken-



tucky? With blazing torches shedding lustre on all the glittering grandeur of its dark labyrinths, the intrepid lover of nature's gorgeous drapery moves on with cautious step, measuring intuitively as he passes, the inimitable crystal drops, the beauteous massy gems, that arch the rude vault, and speak out in tones that none can fail to comprehend, "the hand that made them is divine." But what is even that wonder-speaking cave, compared with the deep, the broad, the almost fathomless mine of medical science? And dare we venture within its vast dominions, guided only by the dim light of theory, of vain speculation, of false or bewildering systems? To explore it is our duty; but at our peril, we enter its enclosure, unless conducted by the torch of truth, resolved that the world shall be the better for our labors, and not the worse."

In regard to *moral qualifications*, a subject sometimes altogether overlooked, we find the following judicious remarks:

"It may have occurred to some of my audience, that the moral qualities have been too much overlooked in our estimate of a well balanced and thoroughly furnished physician. But I am happy to be one of the number who have long entertained the deep and abiding conviction, that a true mental equipoise cannot exist where the party indulges, habitually, any sort or grade of dereliction from the straight line of moral rectitude. That a man may possess a giant intellect; and yet debase his moral, mental, and physical nature, by the worse than brutalizing witchery of the bowl, will not be doubted; and it is equally true, that the common sense of the world has placed its veto on the strange perversion of right reason, that in other years was wont to invest the drunken or the infidel Doctor, with more than ordinary inspiration. Intemperance, profanity, licentiousness, and all the forms of settled or vacillating opposition to the pure principles of religion and virtue, ever have been, and will never cease to be, so many blemishes in the Herculean powers of him who tolerates them. The mental sensitive plant shrinks, though unconscious, from the polluting touch, till the last vestige of sensibility is extinguished forever. Truth and error, right and wrong, good and evil, are eternal antipodes. As God never joined them, be it our glory to aim at their perpetual separation."

Considerable space is devoted to the importance of the legal investigation of cases, especially of poisoning, and the broad contrast exhibited in courts of justice between the empiric and the qualified physician. Had we space, all of the author's views would be extracted, as they could but prove interesting; but we must close with the following:

"Nor is the importance of correct medical testimony restricted to a single species of poison. There are points connected with the toxicological features of arsenic, prussic acid and corrosive sublimate,

so subtle and nice, that even the ablest experimentalists are sometimes exceedingly perplexed, not only in the endeavor to satisfy their own minds, but even more so when summoned to the bar to be critically examined and cross-questioned by an attorney who has carefully studied the best authorities on poisons. Of all places in the wide world, that would seem to be the least inviting to the half-educated physician; and did he realize his deficiencies, as he should, never would he be seen there, on such an occasion, unless coerced by the strong arm of the powers that be. Look at him, as he trembles on the stand, and watch the quivering of his lip, as the keen glance of the advocate meets his eye, and the keener gripe of his scrutiny fastens on the confused responses that he utters; and well may you fancy that in the overflowings of his perturbation, he parodies the well known lines of the melancholy poet:

Oh for a lodge in some vast wilderness,  
Some boundless contiguity of shade,  
Where noise of poisons, and of lawyers too,  
Might never reach me more."

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*The Northern Lakes a Summer Residence for Invalids of the South*—By DANIEL DRAKE, M. D., Professor in the Medical Institute of Louisville. *Louisville, Ky.*, 1842. pp. 29.

This is a pamphlet full of interest and instruction. The author has made many valuable observations in relation to a northern retreat for summer invalids, and has pointed out those places which seem to combine the qualities most desired, in regard to healthy location, natural beauty of scenery, and interesting historical associations.

The Southerner, worn down by the burning fevers of his native clime, very naturally turns his face to the more genial North, as the approach of summer warns him of coming danger. The selection of a suitable retreat, which shall combine health, comfort, and good society, are matters of no small moment; and we think the points designated by Prof. Drake, possess claims superior to all others.

We are decidedly of opinion, that the prevalent custom of visiting fashionable "watering places," is, in the aggregate, productive of vastly more harm than good. The indiscriminate use of mineral waters, to say nothing of many other serious objections, is sufficient

to warn the invalid of the uncertain and often pernicious results attending this very unwise course. We cordially approve the following views contained in the pamphlet before us :

“ Although the springs of New York, Virginia, and Kentucky, are valuable in several forms of chronic disease, they are useless in others, and injurious in some—while the invalid seldom proceeds to drink of their waters understandingly.—The amusements and dissipations in which they abound, often tempt the infirm into unhealthy indulgences.—It is, we believe, an admitted truth, that, in general, but a *part* of the benefit which results from visiting mineral springs, comes from the use of their waters.”

We would gladly present to our readers many interesting extracts from this pamphlet, but want of space will restrict us to the following, which indicates the particular locality the author prefers as a residence for summer invalids.

“ The *Island of Mackinac* is the last, and, of the whole, the most important summer residence to which we can direct the attention of the infirm and the fashionable. True, it has no mineral springs ; but living streams of pure water, cooled down to the temperature of 40°, gushing from its lime-rock precipices, and an atmosphere never sultry or malarious, supercede all necessity for nauseating solutions of iron, sulphur, and epsom salts. An ague, contracted below, has been known to cease even before the patient had set his foot on the island ; as a bad cold evaporates under the warm sun in a voyage to Cuba. Its rocky, though not infertile surface, presents but few decomposable matters, and its summer heats are never great enough to convert those few into miasms.

Situated in the western extremity of Huron, within view of the straits which connect that lake with Michigan, and almost in sight, if forest did not interpose, of the portals of Lake Superior, this celebrated island has long been, as it must continue to be, the capital of the upper lakes. The steamboats which visit the Rapids of the St. Mary and Green Bay, not less than the daily line from Buffalo to Milwaukee and Chicago, are found in its harbor ; and the time cannot be remote, when a small packet will ply regularly between it and the first. By these boats the luxuries of the South, brought fresh and succulent as when first gathered, are supplied every day. But the potatoes of the island, rivalling those of the banks of the Shannon, and the white fish and trout of the surrounding waters, yielding only to those of Lake Superior, render all foreign delicacies superfluous. We must caution the gourmand, however, against the excessive use of trout (*salmo amethystes*), which are said to produce drowsiness ; for he who visits Mackinac, should sleep but little, lest some scene of interest should pass away unobserved.”

“ The society of the town and post is every way equal to any reasonable expectation. There are three plain but comfortable houses



of entertainment for strangers ; and an increase in the latter would be followed by an immediate extension of accommodation, perhaps by the erection of a summer boarding house on the high eastern cliff of the island, which would be one of the most attractive in the United States. Several of the old French and mestizoes, are intelligent and courteous ; there are a number of traders and other gentlemen, whose long and extended intercourse with the natives, has qualified them to impart much curious and interesting information, and the sub-Indian agent, and the officers and chaplain of the army, are hospitable and gentlemanly ; while last, but not least, the female society is superior to what might be anticipated in a town so remote as to associate civilized and savage men in their daily business.

The waters around the island are so narrow and tranquil, that many excursions of pleasure, in skiffs and canoes, may be performed with safety. Several other islands lie in view, and the coasts of the upper and lower peninsulas of Michigan, stretch off in four blue and beautiful curves. In a single hour Point St. Ignace may be reached, and in twice that time the traveller may stand on the site of old Fort Mackinac, already mentioned. These opposing shores constitute the portals of Lake Michigan. Passing through them, the enterprising traveller may perform a voyage on the coast of Michigan, to the Catholic, Ottawa villages of *L'Arbre Croche* and the *Petite Traverse* ; and continuing it, reach the Chippewas of the Grande Traverse Bay, where he will find a Presbyterian mission. At both settlements he will see much of primitive Indian life, in the midst of a half civilized and grotesque population."

"But should he remain on Mackinac, he will not be without interesting sights, for those which do not belong to it, will come. The chief place of Indian trade for the north, and a stopping port for all who wander from lake to lake, it is the daily resort of Ottawas, Chippewas, and Pottowatomies ; the two former, however, by far the most numerous. Here they bring their mokuks of maple sugar, their furs and dressed skins, their flag mats, embellished moccasins, feather fans, and white birch boxes, baskets, and miniature canoes, ornamented with dyed porcupine quills. In addition to the few who are at all times visiting the island, a large number from the shores and islands of Lake Michigan and Green Bay, every summer congregate here, on their way to the Great Manitoulin Island, in the northern part of Lake Huron, to receive presents from the British Government for having fought against us in the war of 1812. A hundred conical lodges, on the beach in front of the village, with as many birch canoes drawn out of the water, may be seen at a single stroke of the eye, presenting, with the fort above, the churches of the village below, and the steamboats and schooners of the harbor, a contrast of wonderful novelty and interest."

## MISCELLANEOUS SELECTIONS AND INTELLIGENCE.

1. *Changes in the Cervix Uteri in Pregnancy.*—It has been asserted by some obstetrical writers, that the diminution in the length of the cervix is gradual, and regularly progressive during pregnancy; thus, that by the end of the fourth month, it has lost about one third of its length; by the end of the fifth month, one half; by the end of the sixth, three fourths; and by the end of the eighth, it is not more than about two lines long. It must not, however, be imagined that in all cases this diminution of the neck of the womb is so uniform as to enable the accoucheur to predict the period of pregnancy.

*Dubois* mentions a case in which he had an opportunity of examining the uterus in a woman who died in the eighth month, in whom the cervix uteri was found to be as long as it usually is during the first months; and he cites another instance where a woman stated that she was near the period of her confinement, but her accoucheur, finding that the cervix uteri was not at all shortened, expressed his disbelief that such could be the case; the result, however, soon proved the inaccuracy of his opinion.

In many cases, the outline of the distended uterus may be felt through the abdominal parietes: this examination is always best made when the woman is in bed, and early in the morning before food is taken: if the bladder and bowels have previously been emptied, the examination will be more easy and satisfactory.

*Dubois* cites two or three curious cases, in which the pains of seeming labor came on with all the other usual accompaniments at the time expected by the woman, although it afterwards proved that she was not even pregnant.—*Gaz. des Hopitaux.* B. D.

2. *On the Absorption of Chemical Substances into the Blood, etc.*—The following results I have obtained, says M. Orfila, from a great number of experiments, the details of which will shortly be published.

1. The diluted sulphuric, nitric, muriatic, and oxalic acids, are absorbed, and may be detected in the urine.

2. The same acids, even in their concentrated condition, are also absorbed ; but this probably occurs after their becoming blended with the watery juices of the stomach and bowels, the secretion of which is increased by the contact of such stimulating agents.

3. The absorption of the salts of lead, bismuth, tin, zinc, gold, and silver, cannot be disputed, seeing that we find in the liver and also in the urine of animals, which have been poisoned with those substances, the metals which form their bases. All these metals are discoverable by the same analytic process, viz. carbonizing the viscous with strong nitric acid, and treating the residue with aqua regia or with nitric acid.

4. The salts of mercury also are absorbed and carried by the blood into all the viscera of the body. To prove this, we have only to treat one of the viscera of an animal, which has been poisoned with a mercurial salt, with aqua regia, and to pass through the solution thus obtained a current of chlorine gas ; or, what is still better, to carbonise the viscera with a strong acid in a closed vessel, and to treat the residue with boiling aqua regia.

5. I have also detected in the viscera, more especially in the substance of the liver and in the urine, traces of the sulphuret of iodine, of nitrate of potash, of alum, of ammonia, and sal ammoniac.

The results now stated complete the suite of researches which I proposed to undertake on the subject of the absorption of poisonous matters derived from the mineral kingdom ; they serve to establish, beyond all doubt, the correctness of the views which I explained in my former communications relative to the absorption of the salts of arsenic, antimony, and copper.—*Gaz. Medicale.* B. D.

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3. *Extraction of a Needle from the Male Urethra, by Dieffenbach.*—A boy, fourteen years of age, had put a big needle, with the eye-end foremost, into his urethra, which inadvertently had slipped down. The fleshy patient had to lay down in a horixontal position, and was externally examined ; but no needle could be felt through the integuments : a deep-seated, fixed pain, however, was increased thereby in the perinæum, near the anus. Now the boy was placed as for the operation of lithotomy, an assistant drew up the scrotum, and D. pressed with his left thumb almost diagonally against the perinæum, so as to pucker up the integument. After he had intro-



duced his oiled right index-finger into the rectum, he immediately felt the eye-end of the needle protruding into the neck of the bladder; he pressed hard against this end of the needle, while its point was pressed against the perinæum. Immediately the needle protruded about a line through the integument, and was extracted by a forceps. The boy was instantly free of pain, and cured.—*Casper's Wochenschrift*, 1841. No. 42. F. R.

4. *Cure of old Fractures of the Olecranon and of the Patella, by Cutting the Tendon; by Dieffenbach.*—A man, forty years of age, had for a year an artificial joint of the olecranon. D. rubbed the two fragments together, until they became very painful, then he cut the tendon of the triceps and applied a firm starch-bandage to the arm, which was kept in a bent position. This bandage was renewed every fortnight, and the friction repeated; after the lapse of three months, the olecranon was firmly healed. When in old transverse fractures of the patella, the fragments had continued to keep apart, D. cut the ligamentum patella and the tendon of the rectus femoris three inches above the patella, to avoid opening the cavity of the knee joint. The fragments, which could now easily be approximated, were rubbed together, and kept in immediate contact by means of D.'s apparatus for fractured patella, (which consists of two stuffed leather straps, two inches wide, the one to be buckled above and the other below the knee, and which can be brought closer together by two small buckle-straps on both sides of the patella.) Neither violent pains nor suppuration ensued, but a moderate inflammatory reaction, and within a few months either a complete consolidation or a considerable improvement of the condition was accomplished.—*Ibid.* No. 40. F. R.

5. *Juice of Ledum Telephium.*—Dr. Kœhler recommends the excellent effect of the juice of ledum telephium (orpine) for the cure of crusta lactea, crusta serpiginosa, and herpetic eruptions. He applies the juice (daily fresh prepared from the leaves, i. e. squeezed through linen,) several times a day to the eruption, and allows it to dry. According to Geiger, this juice contains a great deal of oily, fatty mucous, and as predominant ingredient bi-malate of lime.—*Ibid.* No. 42. F. R.

6. *Dr. Elsaesser's Report on the Weight and Measure of new-born Infants*, from the records of the Catharine Hospital in Stuttgart, Germany.—The weight of the completely naked children was taken immediately after their birth on very accurate scales; the measure, by a very accurate instrument, pædometer, which corresponds pretty much with the mecometer of Chaussier, 1 foot 10 inches 10 lines.

Of 1000 mature children, 13 had a weight of 4 to 5 pounds.

158	"	"	5 to 6	"
417	"	"	6 to 7	"
318	"	"	7 to 8	"
83	"	"	8 to 9	"
11	"	"	9 to 10	"

The average weight of mature new-born infants was 6 pounds 13 ounces; the minus extreme, 4 pounds 12 ounces; the plus extreme, 9 pounds 15 ounces. The lowest weight was that of a mature female child, viz.  $4\frac{3}{4}$  pounds. Her mother, reduced almost to a skeleton, had suffered the bitterest hunger during her pregnancy. The heaviest out of more than 1000 mature infants was a female child, weighing 10 pounds.

In regard to the sex, Dr. E. reports the following result :

Of 500 mature male children, 7 had a weight 4 to 5 pounds.

67	"	"	5 to 6	"
195	"	"	6 to 7	"
176	"	"	7 to 8	"
47	"	"	8 to 9	"
8	"	"	9 to 10	"

Of 500 mature female children, 6 had a weight of 4 to 5 pounds.

91	"	"	5 to 6	"
222	"	"	6 to 7	"
142	"	"	7 to 8	"
36	"	"	8 to 9	"
3	"	"	9 to 10	"

The average weight of 200 mature children, was, with male 7 pounds, with female, 6 pounds 11 ounces.

The extremes of the weight of 1000 mature children were the following, viz. with males, minimum 4 pounds 14 ounces, maximum 9 pounds 14 ounces, several cases; with females, min. 4 pounds  $9\frac{1}{2}$

ounces, max. 10 pounds, one case. These differences in the weight correspond pretty much with those observed in other institutions, and confirm Auctelet's assertion, that there exists from birth a difference of weight between the two sexes, and that this is in favor of the male sex.

The length of new-born infants differs less, in its extremes, than the weight.

Of 200 mature new-born infants, 11 had a length of 15 to 16 inch.

99	"	16 to 17
75	"	17 to 18
14	"	18 to 19
1	"	19 to 20

The average length of the body of both sexes was 17 inches 3.72 lines. The extremes of the length of 800 new-born mature infants of both sexes, was, minus extreme, 15 inch., plus extreme, 19 inch. 14 lines.

The difference of length, in regard to the sexes, was the following: Of 100 male children, 4 had a length of 15 to 16 inches.

40	"	16 to 17
47	"	17 to 18
8	"	18 to 19
1	"	19 to 20

Of 100 female children, 7 had a length of 15 to 16 inches.

59	"	16 to 17
28	"	17 to 18
6	"	18 to 19

The average length of the male children was 17 inch. 3.72 lines.

" " female " 17 " 8.05 "

The extremes of the length of 1000 mature children were, of the male, minimum 15 inch., maximum 19 inch. 7 lines; of the female, min. 14 inch. 9 lines, max. 19 inch. 1 line. Hence the length of the body at birth is also in favor of the male children, which again corresponds with the observations of other institutions.

The umbilicus of mature newborn infants of both sexes is not always in the centre between the epigastrium and the upper margin of the symphysis pubis, but the length of the upper abdominal half with males is commonly 2 inch. 3.5 lines, with females, 2 inch. 3.8 lines, and of the lower abdominal half, is, with males, 1 inch 4 lines, and with females, 1 inch 4.5 lines. Hence the difference between



the upper and lower abdominal surface is almost one inch, i. e. the umbilicus is, in most cases, about an inch deeper than the centre of the anterior abdominal surface.

The result of the hitherto made examinations about the weight and length of new-born infants, has been, that the weight waves between two extremes, which are as one to two, (5 to 10 pounds,) while the extremes of the length are about as three to four, (15 to 20 inches.) The length of new-born mature infants differs far less, than the weight of the same, and in many cases there is no relation between these proportions; for instance, of 31 boys, weighing from 7 to 9 $\frac{3}{4}$  pounds, were 16 of the same length; also, of 33 girls, weighing from 6 to 8 pounds, were 16 and 10 relatively of the same length.—*Henke's Zeitschrift f. d. Staatsarzneikunde Jahrg. XXI, Heft 4, 1841.* F. R.

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7. *Terrestrial Heat*, No. 3. By Dr. JAMES LAKEY, of Cincinnati, O.—Of all nations on the earth's surface, none are more interested in correctly understanding their own climate, than are the Americans. Perhaps no people have departed so widely from truth and nature, in their habits, their diet and dress, as our countrymen. In these respects we resemble the English and Dutch, who live in a much higher latitude, and in a more humid atmosphere.

Our climate comes nearer to that of Spain, Turkey, and Italy, than to that of England or Holland. But we have the habits of our ancestors, and most of them were natives of the two last mentioned countries. Dr. Forry, in his recent valuable work on the climate of the United States, says:

"Occupying, as we do, the eastern coast of a continent of the northern hemisphere, the human frame is exposed to the contrasted seasons of the most excessive clime. The extreme north has a climate in which cold predominates, vexed by winds that have played over innumerable snows; the south acknowledges the genial influence of the sun, while the middle vibrates alternately to both extremes. The climate of the United States is in truth remarkably inconstant and variable, 'passing rapidly,' says Malte Brun, 'from the frosts of Norway to the scorching heats of Africa; and from the

humidity of Holland to the drought of Castile. So sudden are the vicissitudes of weather in the middle States, that it may be truly said that we often lie down in July and rise in December.”

There is a good deal of poetry in this quotation from Malte Brun, if he means to assert that sudden changes from heat to cold are peculiar to the middle States of America. If we compare Eastern America with Western Europe; we find the average heat of the latter much higher than the former; but not so if we compare the former with Eastern Asia.

We have no proof that our climate is more subject to sudden changes than countries in the same line of latitude on the old continent. The hardness of the times and the changes of the weather are standing topics of discussion every where in the temperate latitudes. The English and the Anglo-Americans agree perfectly on these two points: 1st, That they are subject to the most capricious climate in the world; 2d, That they live in the hardest and dullest times that ever happened. One of these positions is as correct as the other, and will bear as strict an examination. With the inhabitants of every nation on the globe, the weather is a never-failing topic of conversation. “They sit a close committee on the sky,” etc.

The conclusion of the whole matter is, that all ultra tropical countries are more or less variable in their temperatures; the torrid zone alone can claim immutability. An intelligent and observing mariner informed me that the barometer hardly ever varied from 30 inches in the central circle of the torrid zone; that is, on a space  $30^{\circ}$  wide, extending  $15^{\circ}$  on each side of the equator. The thermometer in this region stands almost invariably between  $82$  and  $84^{\circ}$ . The people of intertropical countries can converse upon monsoons, tornadoes, dry and rainy seasons, etc.

To return to the extract of Dr. Forry. What he says of the excesses of the climate of the middle States, is to be received with some qualification. Take the temperature of Maryland as an example: her central situation renders her a model, an average for the middle States. The observations were made and recorded by Darby, at his residence near Sandy Spring, Montgomery county, about twenty miles north of Washington City, latitude  $39^{\circ} 9'$ , elevation above the tide water 400 feet.

Table of the mean and extreme monthly Temperature at the White Cottage, during the years 1829 and 1830.

	1829	1830	Mean	Highest	Lowest
January,	30.30	30.03	30.03	49	8
February,	25.	34.66	29.83	46	2
March,	37.23	43.88	45.55	67	27
April,	51.37	54.49	52.93	80	30
May,	64.16	65.18	64.67	78	37
June,	69.73	68.94	69.33	90	50
July,	70.72	79.01	74.91	91	25
August,	73.	72.72	72.81	90	52
September,	61.42	63.58	62.05	82	36
October,	52.85	55.48	54.16	77	26
November,	39.68	51.77	45.22	70	21
December,	42.05	55.33	39.01	67	6
Mean,	51.496	54.47	53.435		

The mean temperature of three years, or twelve seasons, ending December 21, 1831, was 51.63.

Let it be remembered that this place is elevated 400 feet above tide water, which Humbolt says is equal to traveling one degree north, that is, 400 feet of altitude is equal to one degree of latitude, in lowering the temperature of the air.

If this be a safe rate, the heat of this place is no more, than the heat of an ordinary level 60 geographic miles north lat. 40° 9', which would cut Pennsylvania.

What are called the isothermal lines are carried up much higher in Western Europe, than in America. The line for the vine and the olive is placed in comparatively low latitude in the United States ; lower, I think, than time and truth will warrant.

It should be remembered that America has very little land in her torrid zone, and therefore is not scorched by an African sun. \* \* \* Writers, heretofore, have been in the habit of comparing the annual heat of the northern and middle States with that of south-western Europe ; the heat of the latter of course is higher than that of the former, inasmuch as it is warmed by the winds from the African desert. The winds from the Lybian and Sahara deserts act as a heater to Southern and Western Europe, being, however, slightly modified by the Mediteranean. The influence of this wind is limited by a



certain line of east longitude, which falls a little to the west of Moscow. The army of Napoleon, that perished by the cold of the winter of 1812, went very little to the north of Edinburg.

The burning sands of North Africa may be ranked among the principal, but not the *only* causes of the high heat of Western Europe. The others are too well known to be repeated. \* \* In order to make a fair comparison between the climate of North America and the eastern continent, let us take that part of the temperate zone that lies between the 35th and 55th parallels of north latitude. The 35th would cut the African coast a little south of Gibraltar, passing through Afghanistan, China, Corea, and Japan. Between this line and the 55th parallel, the earth is trodden by a countless multitude of men; but of their science and literature we know little or nothing. The average heat of Gibraltar has been measured by the British Medical officers; but who can tell the amount along the Eastern Asiatic line. Must it be left for the scientific student of the twentieth century? \* \* \* After passing an unascertained line of east longitude, we are surrounded by cimmerian darkness.

The Affghans, the Japanese, and Chinese, are very close in communicating the contents and the results of their registers. All is left to conjecture, and as conjectures cannot be correctly expressed by figures, we must wait for the facts.

The annual amount of rain in these regions might be more easily ascertained. It is, no doubt, less than we have in America. \* \* \* Here a ray of light has dawned upon us from the southern hemisphere—the Austral temperate zone. A new book has appeared with remarks on the climate of the Australian continent, from which I take the following extract:

“The summer heats of Australia render the frame very irritable, and the extreme changes to which you are there liable, endanger health. The European, on landing, finds the action of the skin greatly increased—the perspiration incessant, relieves at first, but soon exhausts the system. In such a state, any undue excitement or exposure to vitiated air, produces fever, increasing arterial action, to be allayed only by death; or, in such a state, if exposed to the causes of cold, a violent dysentery sets in, extremely difficult to manage, often fatal in its results, or causing chronic affections which impede efforts for subsistence. Diarrhœa is frequent, and a virulent ophthalmia; it is no uncommon thing to witness a blind eye among

the aboriginal inhabitants. The northern blasts of Australia blow as if from the mouth of a furnace. This soil, finely pulverized, owing to a deficiency of moisture, is shoveled up by the wind; and, in addition to the suffocating heat, you are terribly embarrassed by showers of dust poured upon you; your eyes, nose and mouth are filled by it. Spasmodic complaints are frequent. I experienced a severe form of it myself, and the agony was tremendous. It was followed, after very frequent attacks, by erysipelas about the legs, and inability to move without pain; at the same time I attended frequent cases all alike my own. *Meat*, in Australia, becomes blown in a minute. A limb that was amputated, was, before the operation, alive with maggots, like a liver buried in a pot to produce maggots for angling. Parturition to the new-comer is not unattended with danger. The dysentery and ophthalmia are the diseases peculiar to the climate, and are highly dangerous. They attack the temperate as well as the intemperate; but, as elsewhere, the latter are more obnoxious to them. The climate evidently tends to a premature development and early decay."

Here is the valuable testimony of a British doctor, who lived four years in Australia. It goes to sustain the facts and reasoning contained in Delafield's *Antiquities*, to their full extent.

This book was written by John Bright, a member of the Royal College of Surgeons, and printed in London in 1841. Surgeon Bright does not tell us whether this deadly and deleterious atmosphere presses the earth of Western Australia, or takes effect in the vicinity of Sidney. The latter place contains a College, over which presides the Reverend and learned Dr. Lang. The Reverend Doctor sturdily denies the effect of climate upon man in any part of the habitable globe.—*Cin. Chron.*

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8. *Nitrate of Silver, in Typhoid Fever.*—At the suggestion of Dr. Boudin, in the *Gazette Medicale*, of Paris, the nitrate of silver was lately tried in Lexington, in a case of typhoid fever. The patient was about 25; a female, of delicate constitution; had been ill for some eight or ten days; pulse 120; skin occasionally hot; ringing in the ears, and deafness; more or less abdominal pains; from five to eight copious stools, of a light ochrey color, and quite offen-

sive, in the course of the day; tongue furred, general insensibility, sleeplessness, loss of appetite, etc. etc. Under these circumstances, she was directed to take, every three hours, a powder composed of ipecacuanha, one grain and a half; nitrate of silver and opium, of each, one-eighth of a grain. Under this prescription, she grew obviously better; had no more of the offensive discharges spoken of; pulse became more and more natural, and in thirty-six hours the improvement was manifest. The appetite began to return, and the patient was soon convalescent. We do not rely on this single case, but should feel warranted by it to try the same means in like circumstances. It is proper to say, that blisters were applied to the wrists of this patient and the denuded surfaces dressed with a strong cerate of sulphate of quinine. These were applied about the time when we commenced the use of the nitrate of silver.—*Med. Int., Lexington, Ky.*

9. *Typhoid and Typhus Fever, thirty-two years ago.*—It is not known to all, that *la medicine expectante*, which is now supposed to be the true method of treating typhoid fever, was taught more than thirty—perhaps forty—years ago, by the late Dr. Rush. We copy, literally, from a manuscript volume of notes taken in 1809-10 and 1810-11, in the University of Pennsylvania:

“The whole treatment of typhoid fever,” said Prof. Rush, “may be summed up in three words, *abstine, sustine, siste.*” The extemporaneous translation given at the moment, was, to the best of our recollection, “abstain from all active or vigorous treatment, support the patient by bland diet, stand still and watch the operations of nature.”

The discovery of certain lesions, supposed by some to be pathognomonic of this disease, and to establish a specific difference between it and typhus fever, is about all that has been learned on the subject, in the last thirty years. As to the treatment, we are just where we stood in 1809. In this special matter, what practical benefits have been conferred by pathological anatomy?

The same volume of notes presents a full account of typhus fever, such as prevailed in the winter of 1810-11, and seen frequently by the writer of this note, and such as had often been prevalent in and prior to the year 1812. The notes represent the Professor as calling



typhoid fever, the *slow* nervous fever of Dr. Butter, and typhus as the *low* nervous fever of the same author. A full extract from the notes, on these subjects, may be given hereafter.—*Ibid.*

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10. *Operation for Contracted Cicatrix caused by a Burn*—By Prof. MARCH, of Albany, N. Y.—S. E., aged 12. When about four years of age, this patient was most severely burned by falling into the fire, and the consequence has been a great distortion of the face and neck from the contraction of the cicatrix. The chin was drawn into close contact with the sternum, and, indeed, the whole of the base of the lower jaw of the left side, was bound down nearly in contact with the clavicle, producing a deformity of the most aggravated character. The integuments were extremely tense, and drawn in distinct bands from above the left eye down to the axilla, distorting his features in a horrible manner. His mouth was drawn downward from the left angle, and kept constantly open, permitting a constant drivelling of saliva. The left ala of the nose, and the outer angle of the left eye, were excessively distorted; in short, all the features of the left side of the face were drawn from one to two inches lower than those upon the right side. In this condition he was brought into the operating theatre, exciting mingled emotions of pity and disgust. Similar cases have been successfully operated on by Dr. Mutter, of Philadelphia; and, although this was a much more aggravated case than any one reported by Dr. Mutter, Prof. March determined to undertake an operation for his relief. For this purpose the patient was placed upon a table with his shoulders elevated, and the operation commenced by a careful and rapid division of the contracted bands. An incision was then made from below the left ear to about two inches beyond the symphysis menti on the other side, so as to divide all the attachments; the head then came up. The mastoid muscle did not need division. The next step of the operation was to adopt a flap of healthy integument from the back or shoulder, to fill up the great space left by the elevation of the head. It was decided upon taking it from the left shoulder, and cutting according to a pattern made of the shape of the wound, Dr. M. rapidly dissected up the integuments covering the whole of the deltoid muscle. A twist was made at the right angle of the wound, and the flap adjusted to its position by fifteen sutures. The flap fitted most accurately,

and was retained in close contact with the whole extent of the raw surface by means of a pasteboard stock, and suitable compresses. The wound of the shoulder was covered by a light dressing, and left to heal by granulation. The whole medical class, together with the large assembly of non-professional spectators, can testify to the beautiful and skilful manner in which the whole of this very serious and difficult operation was performed. We think there cannot be a reasonable doubt of its ultimate success.—*Boston Med. Surg. Jour.*  
J. R.

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11. *Prevention of Sore Nipples.*—Mr. Marcus recommends as a means of preventing sore nipples, washing these parts and also a great portion of the mamma, three times a day, commencing from the sixth month of pregnancy, with tar water.—*Journ. des Conn. Med. Prat.*, Feb., 1842.

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12. *New Remedy for Scalds and Burns.*—Mr. Wm. Rhind recommends as a remedy for burns and scalds, a solution of gum arabic, repeated coats of it being applied, so as to form a complete covering to the injured parts. He relates several cases in which he tried it, and states that in all relief was procured in a very short time. The more recent the case, however, the more speedy was the removal of the pain. In those cases where blisters had appeared, they were opened, and the solution applied; very frequently the application of the solution prevented the effusion of more serum; in some cases however, serum was again effused and again evacuated.

In those distressing cases of the extensive burning of the bodies of young children, Mr. R. states, that he would not hesitate applying the solution over the whole body, at about the warmth of 96°. It does not cool down the system, he remarks, by sudden evaporation, or sudden abstraction of heat, like a common cold fluid, a circumstance in most cases to be dreaded, for gum is a bad conductor of heat; neither does it preclude an exposure to moderately cool air, which seems to keep down the excessive irritation consequent upon extensive scalding of the skin.

As it is of consequence to have the solution prepared instantly, the powdered gum, if it can be procured, may be in a few minutes dissolved in warm water. If this is not ready prepared, the common

gum in small particles roughly pounded, will very soon dissolve, and the application in any case may be applied at a temperature of 96 or 100°, although in general it is more soothing when applied colder. Rancid gum solution should not be used, as it, in this state, has lost its adhesive quality. Two, three, or four, applications may be necessary at intervals of five or ten minutes. The skin should be previously freed of all oily matters, and the first coating, in order that it may be insinuated closely into the furrowed surfaces of the skin, should be rather thinner than the subsequent ones. In order to produce the proper effect, it should form a varnished coat of some thickness and closeness over the whole space of the burnt part.—*Edinburg Med. and Surg. Journal*, Oct. 1842.

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13. *Pneumonia in Children*.—The frequency and fatality of pneumonia in childhood, as contrasted with advanced life, form very interesting subjects of consideration. The following extracts from a report of the registrar-general of deaths, throw an important light upon the subject. The deaths of the metropolitan district are divided into three classes—those under 15 years of age, between 15 and 60, and above 60. One table is a return for each of five weeks in January and February, 1840. Under “pneumonia” the total of these weeks is as follows:—Under 15 years of age, 257; from 15 to 60, 73; above 60, 30. How far this remarkable difference is owing to a less energetic treatment it is not easy to say, but I fear that a false tenderness in treating the disorders of infancy mildly, is partly the cause; and that when practitioners adopt more decided efforts we shall see a great improvement in this respect, for pneumonia, when fatal in infancy, very rarely is found to have advanced beyond the stage of hepatization, whereas the reverse of this is generally observed in adults.—*Dr. J. F. Duncan, Dublin Journal*.

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14. *On the Uses of Belladonna*.—This plant is well known to possess some specific powers, differing somewhat from all others. It has a controlling influence over the nervous powers, dilating the pupils of the eyes when taken internally or applied externally; but its power to arrest the secretion of milk in the female breast is among the most important which it possesses. If the mamma, one or both,



be covered with the leaves ten days or more, beginning on the day of the accouchement, no milk will be secreted, in many instances preventing mammary abscesses. When properly applied to one breast alone, it completely prevents secretion in that, while the other secretes abundantly. From ten years' experience in the use of it, for this express purpose, I know it to be so. If I wish to stop the secretion of milk at any time, it is easily done; and to do this most effectually, I take two ounces of the leaves, soak them in rum and water a little above blood heat, spread them on a cloth, over the whole lay a thin gauze, and all kept in place by quilting them well together. Thus prepared, it is to be spread over the mamma, and the whole to be supported by a suspensory bandage, passing over the neck and under the breast, keeping it constantly warm and moist. As it occasionally happens that milk cannot be drawn from a breast when secreted, giving origin to suppuration, this remedy then becomes an invaluable one by using it before the secerning powers begin to operate. I will give one example.

Mrs. M. gave birth to her first child when about twenty-six years old, and during this confinement a mammary abscess occurred, involving in the disease the most of the gland, and her breast was lanced seventeen times. With her second child, no milk could be drawn through the nipple by any means whatever. In her third accouchement, I, for the first time, attended on her, when she told me of her previous misfortunes, and expressed great dread of what must follow. On the evening of her confinement I applied the belladonná, and kept it on ten days, defending her linen with oiled silk; and not any milk was secreted in this breast, while the other secreted well. This took place in 1832. In 1834 and 1836 she used the same remedy for the same purpose, and with like success.—*Boston Med. and Surg. Journal.*

DANIEL MOWE.

P. S.—In this communication I wish to say I accidentally ascertained that in case of metastasis of mumps in females, the ovarium becomes affected instead of the mamma, which suffers only sympathetically with the ovarium.

D. M.

# THE WESTERN LANCET.

CINCINNATI, JANUARY, 1843.

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## GENERAL AND LOCAL DISEASES,

“WHAT are called general diseases, are those in which the whole of some one system that pervades the entire body happens to be similarly deranged. Whether diseases can ever be truly called *general*, in any more strict or absolute sense than this, is much to be doubted.” [*Watson's Lectures.*]

It has always been a desideratum in pathology to determine whether particular diseases were general or local. Thus, some contend that *fever* is a general diseased condition of the whole body, while others affirm that it is only symptomatic of some local affection. It is a matter of some importance to arrive at the truth on this subject, as our therapeutics will be materially influenced by the views adopted.

It happens more frequently in medicine, than any other department of science, that differences of opinion arise from attaching a variety of significations to the same terms. The term *general disease*, furnishes an apt illustration of this position. By some, it is evidently made to include a diseased condition of the entire organization; but by others, its meaning is restricted to the derangement of *individual systems*.

The impossibility of diseased action pervading every part of every structure at once, is very obvious. True, disease may become so complicated, that scarcely a single function is free from derangement; but even this extension of disease, from organ to organ, may depend on strictly a local affection, which has secondarily implica-

ted other structures and functions. More than one local disease may exist in the system at the same time.

What are the facts in relation to morbid conditions of the different tissues? Diseases of the nervous system, for example, epilepsy, paralysis, etc., apparently involve the whole system, but in truth the affection is local, while its effects are general. The same principle is illustrated in diseases of the vascular system, in which local derangements take precedence, and the general symptoms follow as a sequence of the first.

In investigating pathological questions, we should always bear in mind anatomical structures. Only two systems, the nervous and vascular, pervade the entire body; these structures, however, only constitute two of the elements that make up the animal organization, and if diseased in their entire extent, it would not produce general disease, as other tissues might remain free from derangement.

If it is contended that diseases of the nervous and vascular systems do in themselves constitute general morbid conditions, in consequence of their general distribution through the body, it may with propriety be replied, that this extensive connection is designed to effect physiological purposes, and the extension of disease throughout their entire functions, is the *effect* of a local *cause*. If inflammation supervenes, the morbid excitement reacts upon the heart, and an increase of circulation follows; but we cannot infer from this phenomenon that disease exists in the general circulatory apparatus. In disease of the heart, hypertrophy, for example, the force of the circulation is modified, and the blood is thrown with preternatural power throughout the system; yet this condition of the circulation does not embrace disease of the capillaries. In all these instances we should carefully distinguish between the seat of disease, and the secondary effects produced on remote or contiguous parts.

But the greatest importance of this subject is derived from its application to *fever*. Pathologists have involved themselves in endless disputes in endeavoring to settle the question of the idiopathic, or symptomatic, character of fever. By a change of terms, the propositions will be materially simplified. If we substitute *general* for idiopathic, and *local* for symptomatic, the subject will be more readily comprehended. We can admit with one party, that fever is a general disease; and with them we will also say, that the first impression is on the nervous system, and other functions become con-



secutively involved. Now this proves that the diseased impression was *local* upon the brain.

Symptoms are the external representatives of internal diseases, and, as a general rule, they correspond in violence and location to the deranged condition of the system. These symptoms directed to the senses, are confessedly local, or so much so as to be confined to individual systems; that is, a symptom representing disease in one structure, does not belong to any other system. Thus, *spasm* always has reference to the nervous system, *nausea* to the stomach, etc. Although these and other symptoms may be variously modified and combined, yet they are sufficiently distinctive to point out the local organs affected; but, on the contrary, if disease were general, pervading the entire organized structure, symptoms would also be general to correspond with the morbid condition which they represent.

The operations of medicinal agents support the preceding views. The action of all remedies is strictly local. Emetics act on the stomach, cathartics on the bowels, diuretics on the kidneys, narcotics on the brain, etc. It would be extremely paradoxical to attempt the cure of general disease by local remedies.

We fully agree with Dr. Watson, that diseases are not general, if by that term is to be understood an affection that pervades the *whole system*.

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RELATIVE PROPORTION BETWEEN FOOD AND OXYGEN.—The quantity of food necessary to sustain animal life in a state of health, and its variation in different instances, are exceedingly interesting enquiries. Professor Liebig is of opinion, that the amount of nourishment required by the animal system, and the quantity of oxygen consumed, must be in a direct ratio. Thus, the oxygen which has been received into the system by respiration, is not thrown off in its original form, but appears in combination with carbon, as carbonic acid. It is therefore obvious, that there must be a supply of carbon equal to the amount of oxygen inspired.

Various facts go to sustain these views. A bird will die in three days without food; while a serpent may live for months without nourishment. At the north, where the dense atmosphere furnishes a larger proportion of oxygen, more food is required than at the south, where less oxygen is received.

We note one important practical point. Active exercise increases the frequency of respiration, and consequently, the amount of oxygen consumed will be proportionably greater, and an increase of food will be required; hence, in persons of weak digestive organs, which could not sustain an additional amount of food, active exercise must prove injurious, either by impairing the vital powers through debility, or by oppressing the stomach with excessive quantities of nutriment.

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CAUSE OF REMITTING BILIOUS FEVER OF THE WEST.—A writer in a late number of the Maryland Medical and Surgical Journal, supposes he has discovered in the western log cabins, one cause of bilious fever. The opinion of the writer is based upon personal observation, and he is convinced that the inhabitants of these tenements suffer more frequently than others. It is supposed that the decomposition of vegetable matter, necessarily connected with a log cabin, is the source of the fever.

We doubt the correctness of this opinion. In the first place, it is not satisfactorily proven that the decomposition of vegetable matter does, ordinarily, give rise to malaria; indeed, many facts would go to establish the negative of this theory. In many parts of Ohio, the surface of the ground is flat, and at some periods entirely submerged in water; and as the season advances, the water gradually evaporates, and leaves the surface dry. In most of these situations there are large amounts of vegetable matter, placed under the most favorable conditions for decomposition, and yet the inhabitants in those localities are as free from disease, as those residing on the highlands; indeed, they seldom suffer from remittent or intermittent fevers. But if we approach even small streams of water, where but little vegetable matter is decaying, intermittents are common.

It would seem altogether improbable, that the small amount of decaying vegetable matter found connected with a log cabin would become a prolific source of disease, while such immense quantities, under other circumstances, are known to prove harmless. It is not improbable that the open and exposed condition of such tenements, may favor the production of disease, by subjecting the inhabitants to the influence of atmospheric vicissitudes.

If our correspondents can furnish us any facts on this subject, we would be gratified to receive them.

AMPUTATION DURING MESMERIC SLEEP.—An extraordinary instance of amputation during what is called *Mesmeric sleep*, recently occurred at the hospital at Wellow, Nottinghamshire, and which was reported to the Royal Medical and Chirurgical Society of London.

The Mesmeriser, Mr. W. Tophan, a lawyer of the Middle Temple, London, states that he produced sleep in four minutes, and in a quarter of an hour he informed the Surgeon, Mr. W. Squire Wood, that he might commence. The flap operation was performed above the knee, and, as is affirmed by the reporter, the patient remained unconscious of pain during the whole process, which occupied twenty minutes. It is admitted, however, that after being Mesmerized for the operation, he was awakened by a slight motion of the bed-clothes, and that "soon after the second incision, a moaning was heard from the patient, which continued, at intervals, until the conclusion." This moaning the Mesmeriser compares to a "troubled dream." The patient declared he felt no pain, but admitted that he heard a kind of "*crunching*," supposed to be the sawing of the bone.

The subject was discussed by the members of the Royal Society, most of whom, including Sir Benj. Brodie, Dr. Marshall Hall, Mr. Liston, and Mr. Bransby Cooper, expressed a disbelief in Mesmerism; and instances were related in which insensibility to pain had occurred without the Mesmeric manipulations.

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STATISTICS OF CONSUMPTION.—Dr. Geo. Hayward has collected some interesting facts in relation to the ratio of deaths by consumption, compared to the total mortality in Boston, New York, and Philadelphia. The most important fact elicited by these investigations, is, the very obvious decrease of deaths by consumption in those cities. In Boston, during a period of ten years, from 1811 to 1820, the number of deaths by consumption, compared to the total mortality, was one in 4,622; in New York, one in 4,451; and in Philadelphia, one 6,498. From 1831 to 1840, the following proportion was found: in Boston, one in 7,587; in New York, one in 5,952; in Philadelphia, one in 7,482. Thus it appears that Philadelphia has suffered less from consumption, than either of the other cities.

Dr. Hayward is of opinion, that this favorable change in regard to consumption, has resulted from improvements in living; the people are better fed, and clothed, and live in better houses than they did thirty years ago.



**INFLUENCE OF TEMPERATURE UPON MORTALITY.**—Dr. Charles E. Ware has published some interesting statistical matter, showing the influence of temperature upon mortality in general. The tables are made out from records kept in the city of Boston. The following are some of the conclusions to which the author arrives:

*“Thoracic diseases.* From thoracic diseases we find the greatest mortality to occur in November. From this time there is a decrease in each month, excepting March, to May. Between April, May and June, there is very little difference in the mortality. In August the mortality begins to increase, and continues to do so till November. The greatest mortality occurred in 1835, the coldest year. The least mortality in 1833, the warmest year. In three months out of the twelve, the greatest mortality occurred in the coldest year, in only one in the warmest. In three months out of the twelve, the least mortality occurred in the warmest year, in two in the coldest. In August of 1832, there was not one death from thoracic disease. This year the average of the thermometer was three degrees higher than in any other of the five years. In May, 1833, there was only one death from thoracic disease. This year the average of the thermometer was nearly four degrees higher than in any other year.

*Abdominal diseases.* From abdominal diseases the greatest mortality occurs in September. From this time there is a decrease pretty uniform to April. From April the mortality increases to September. The greatest mortality was in 1836, the least in 1832. There was but one degree difference between the average temperature of these two years. Neither of them was so cold nor so warm as the coldest or warmest years. In four out of the twelve months, the greatest mortality occurred in that year which was the coldest, and in two in the warmest. In three out of the twelve months, the least mortality occurred in the warmest, in three in the coldest.

The general impression to which these observations lead one, is, that the warmer months and years are more favorable to health than the colder. This has been the result of every view that has been taken of the tables, with the exception of that in which the winter months of the different years were compared. Here, so far as there was any correspondence, the coldest seasons were more favorable to health. The correspondence is in but few instances very strong.”

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**THE IMMOVABLE APPARATUS IN FRACTURES.**—Numerous instances are on record of gangrene following the early application of the starched bandage in fractures. The error in these instances, no doubt, arises from applying the bandage in an early stage, while in-

flammation and swelling are still progressive. If the application is deferred until the swelling begins to subside, then it possesses advantages over any other mode of treatment. The following instance of injurious results, is the last we have noticed, and adds another fearful caution to those disposed to use M. Seutin's *La Bandage Immobile*.

“A child, æt. 12, of delicate constitution, fractured both bones of the fore-arm by a fall from a carriage: the surgeon applied the ordinary apparatus, which he had previously moistened with clean water; this tightened application caused horrible sufferings during four days, when the surgeon replaced it by the starched bandage, which was less tight than the first, so that it was more easily borne; nevertheless, two days afterwards, dark vesications showed themselves at the extremities of the fingers, and on the 12th the patient was brought to the Hotel Dieu, with well-marked gangrene of the hand and lower part of the fore-arm. On the following day amputation of the fore-arm was performed. The patient ultimately recovered.—*Gaz. Med. de Paris*.

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NEW MEDICAL SCHOOLS.—Medical Schools are rapidly multiplying in the West. During the past year, two more are added to the list; one at St. Charles, Illinois, and the other at Laporte, Indiana. Our friend Dr. Mead, formerly of this city, fills the chair of *Materia Medica* in the former school. We have not received the names of the other Professors. Competition in Medical teaching can do no harm, provided a high standard of qualifications is strictly adhered to, which we doubt not will be the case.

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THE MEDICAL NEWS AND LIBRARY.—This is the title of a new Medical periodical, just issued by Messrs. Lea and Blanchard, Philadelphia. It will make in the course of the year a volume of about three hundred pages, and will embrace the lighter medical literature, and a reprint of Lectures on the principle branches of Medical Science. The present number commences the reprint of Professor Watson's valuable Lectures on the Principles and Practice of Medicine. It is published at the low price of one dollar per annum. It will doubtless be an interesting and useful periodical, and as such we commend it to the profession, with the best wishes for its success.

THE LITERARY AGE.—This is the title of a weekly paper, published in Philadelphia, and edited by Dr. Reynell Coates; and, although it is not a Medical work, yet its editor being a highly esteemed member of the profession, we cheerfully devote a few lines to its notice. The character of the Literary Age is of a high order, and fully sustains the reputation of the editor. Its pages are filled with scientific matter, current literature, reprint or analysis of state papers, notices of learned societies, notices of new works, etc. In light literature it will be *free* from “the mass of unmeaning verbiage with which the press groans in this age of periodicals.” And no “*immoral or empirical* advertisements will find admission.” In the 6th number, the editor commences the publication of a series of papers entitled “Popular Essays on the Laws of Life,” which alone will be worth three dollars, the subscription price. We advise individuals, especially physicians, wanting a literary paper, not to pass by the “Age.”

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LAWRENCE'S TREATISE ON DISEASES OF THE EYE.—We have received a copy of this valuable work, with numerous additions by Dr. Hays. It will be noticed more particularly in our next number.

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DEATH FROM DISSECTING.—Dr. Barker, of Linn, Mass., died recently from effects produced by dissecting a dead body. He had a small wound on the hand previous to commencing the dissection. These cases are so exceedingly rare, that no fears need be apprehended, provided proper precaution is exercised. The result depends more on the state of the system at the time, than on the virulence of the poison.

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NECROLOGY.—Nathaniel Potter, M.D., late Professor in the University of Maryland, recently died by strangulation, brought on by severe coughing, to which he had been subject.



THE  
WESTERN LANCET.

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VOL. I. CINCINNATI, FEBRUARY, 1843. No. 10.

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ORIGINAL COMMUNICATIONS.

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ART. I.—*Remarks on an Epidemic which appeared in the Southern part of Clermont County, O., in the winter of 1841*—By  
J. C. KENNEDY, M.D., of Felicity, O.

I propose to give you a synopsis of an epidemic which made its appearance here on the 10th of December, 1841. The first case was that of a man about twenty-five years of age, nervous and lymphatic temperament, who had been much exposed. He was taken at the onset with the ordinary symptoms of pleuro-pneumonia; and treated as such for the first three days, when he began to complain much of pain in his back and extremities; which was soon succeeded by a low delirium and soreness, with loss of the power of motion in the right arm and leg, with a disposition to keep one eye partly shut. Pressure along the vertebral column, at the origin of the nerves, produced pain at their respective extremities. Circumstances prevented my making any direct applications to the spine.

He died on the 18th day; his pulse varying but little from the natural standard during his illness. He was not bleed at all.

This attack was four miles from the Ohio river, and thirty-four above Cincinnati.

Two days after this attack I was called to visit two other young men, of good constitutions, who were taken on their way from Cin-

cinnati in market wagons. Their attacks were ushered in with a violent chill, pain in the back, side, extremities, and head; with a violent cough, and febrile reaction.

J. D. commenced taking medicine the third day from the attack, when there was pain in the side and sternum, severe cough, but no tenderness along the spine. A depleting course, with the exception of bleeding, was resorted to in vain. A large blister, extending from the spine to the sternum, gave some relief. It filled with yellow water; and a perfect jaundice, with tenderness along the spine, and great nervous prostration, made their appearance simultaneously.

Various tonics were here tried, in their most simple form, as the cinchona in powder and infusion, gentian, quassia, carb. ferri, quinine in small doses, etc., which could not be borne on account of the restlessness they produced. The infusion of cornus florida, in small doses, was more tolerable, and were continued, together with cupping and friction along the spine; and he gradually recovered.

The other young man, taken at the same time, was not seen until the sixth day, when jaundice, and soreness along the spine had made their appearance. A dose of calomel and Dover's powder, with friction along the back, gave him relief. At this time his father was taken as the others; treated as the second, and gradually recovered. The icteric symptoms made their appearance in this case, about the same stage as the others.

About this time the disease spread rapidly through the flat land, from eight to ten miles from the Ohio river. A majority of the cases had a severe cough, which was at first only mitigated by the ext. of cicuta. One woman was kept three days under its influence, but so soon as that subsided the cough returned; and was only effectually relieved by a blister between the shoulders. As soon as it began to irritate she fell into a sound sleep, and remained so until it was well filled, from which time she gradually mended.

I now began to pay more attention to the spine, and in every protracted case found tenderness at some stage of the disease, and marked relief from counter excitement over that region.

About the middle of February, the weather cold and north wind prevailing, the attacks were accompanied by a great deal of prostration, with the tongue dry in the center, with a slight white coat, and moist for about one third the way on each side.

Here, with hesitancy, I commenced a stimulating course, and

gave brandy toddy with a very happy effect, as the tongue would frequently become moist in a few hours. This, however, was never resorted to until the liver was roused with calomel, and the alimentary canal cleared of its contents. In this latter respect, my treatment was not changed from the first. Either cathartics alone, conjoined, or preceded by emetics, were always premised.

Viewing the case now, as one of nervous irritation, I set about devising other means of allaying the excitement; and will refer to the following case, from which I took notes, to illustrate the result.

March 18th. Called to see Mrs. E., on the river; aged about twenty-five. Sanguine and nervous temperament; good constitution; had been attacked, the evening before, with pain in the side, breast, head, and shoulder, so violent that her cries were heard at a considerable distance. I found her propped up in the bed, unable to lie down; eight months advanced in pregnancy. Bowels constipated, face flushed, pupils sensitive to light, conjunctiva injected, breathing very quick and hurried, each exhalation accompanied with slight cough, frequently expectorating streaks of blood. Pulse 120, quick and feeble.

Gave calomel and Dover's powder, followed by nauseating doses of solution of antimony, which operated well.

19th, Symptoms nearly the same, with evident uterine contractions. Sol. ant. continued with 1-4 gr. acct. morphia, every hour for six hours, without any evident change, only that the uterine pains increased. I then gave, quinine gr. iv., and acet. morph. gr. ss., and watched its influence. In an hour and a half she breathed easier; at the end of two hours, lay down and began to sweat; went to sleep and slept well nearly an hour, when I gave her another dose, and she soon declared herself easy. The flush left the face; the pulse fell to 85. Uterine pains abated, and the tongue became moist. I left, ordering a dose every six hours, or oftener if necessary.

Under this course she did well until the night of the 20th, when, having occasion to leave the bed, she became thoroughly chilled. The uterus began to contract violently, and before the assistants could replace her on the bed, the fœtus was expelled. I arrived in about two hours after this, and found a return of all the symptoms with which the attack had been ushered in at the onset. I repeated the dose of quinine and morphia, with ten grains of calomel, which in about three hours produced composure as before. The sedatives



were then continued three times a day ; and she recovered nearly as soon as from an ordinary confinement. The child did well for three weeks, and then died from causes unconnected with this attack.

Benj. H., aged eleven or twelve, attracted the family by his cries; when they got to him he was perfectly deranged, and insisted that two dogs were worrying the back of his neck, and that a log was lying on the side of his head. I saw him in about three hours from the attack ; found that he had had a chill, and febrile reaction, which was then going off. I gave an emetic, followed by calomel and Dov. powders, and applied a sinapism to the cervix. This was in the evening ; and in the morning I gave quinine grs. iii., morph. gr.  $\frac{1}{4}$ , every six hours ; and he soon recovered.

He was an intelligent lad ; and his own history of the attack was as follows : He was walking through the pasture, when suddenly a pain struck him in the teeth, then in the cheek bone, then the eye and ear; from thence it passed over the side of his face and head, and settled in the back of his neck, which was the last he remembered for twelve hours. During the time I was with him, he kept the eye of the affected side nearly closed. This sensation, as of a weight on the affected part, was not peculiar to his case:

R. U., a medical student, was attacked with a pain in the *instep*, which became so severe as to throw him into a nervous rigor ; but without any sensation of cold. He compared the pain to that which would be produced by a log lying on his foot. No pain or soreness was discoverable in the back that night ; but next day the pain and tenderness was very perceivable.

I shall only cite one case more, and that to illustrate the course of the disease, when left uninfluenced by medicine.

Miss B., æt. 25 ; bilious and lymphatic temperament; was attacked with the usual symptoms of those cases which approximated nearest that of pleuro-pneumonia. Took no medicine except aperients. In about four or five weeks from her attack, I was solicited to treat her for a rheumatic affection. Found her sitting in an arm chair ; had been unable to lie down for several nights, on account of a cough, and pain in the side. Feet, ankles, knees, and wrists swelled, painful and sensitive to the touch ; skin dry ; pulse quick and feeble. Gave her at 10 o'clock, p. m., calomel grs. x., quinine grs. iv., acet. morph. gr. ss. At two, she began to sweat. At three, went to bed and slept till morning. Friction was applied to the spine, and three

doses of the quinine and morphine were given per day for a week, when a blister was applied between the shoulders, and another dose of calomel given. She was then put on the use of carb. ferri and quinine, in brandy, under which she recovered her health.

These cases are not referred to for the sole purpose of illustrating the treatment which I found most applicable to this malady, but to exhibit, too, the various points at which the attack first made its appearance; and that the reader may be the better enabled to form correct views as to the true pathology of the epidemic.

There was probably a majority of the cases commenced with symptoms analogous to pleuritis and pneumonia, with bloody expectoration, but many again had neither cough, nor pain in the thoracic region. With many it was as with Benj. H., limited to one side of the head and face, or one eye. Most of those attacked in this way, were under twelve years of age; while with others it was ushered in with pain, and elevation of the surface, having a definite outline, without color, about the ensiform cartilage, and the pain extending itself back along the intercostal nerves. Others, again, first felt severe pain in the extremities; as the instep, heel, ball of the great toe, etc.; and which were immediately succeeded by severe chills, or rigors; and that was generally followed, especially with the robust, by a febrile reaction. Bleeding in this first paroxysm of fever, where it was well developed, generally gave marked relief; but after that stage it was not borne with impunity in a single instance that came under my notice.

Now, under these varied aspects with which this disease was ushered in, we might reasonably look for a diversity of opinion among physicians, as to its true pathology. This, to a considerable extent, was the fact; and I shall only add, that from being intimately concerned with it, from the various points of its attack; from there being no change of color in the painful part, even when the surface was elevated; from there being tenderness in some part of the vertebral column, in all protracted cases; from the tongue becoming moist, and the thirst abating, under the influence of stimulants; from the purplish flush leaving the cheeks; the injection of the vessels subsiding in the conjunctiva; the abatement of pain, cessation of cough, and bloody expectoration; the increase of volume and diminution in the frequency of the pulse; the restoration of the cutaneous secretions, and quantity and color of the urine when it was highly charged with

the coloring matter of the blood, under *large doses of quinine and morphine*, I am forced to the conclusion, that it was idiopathically a disease purely of *nervous irritation*, amounting in its reaction, frequently, to an inflammation.

I have this winter had several cases of the same disease, which, although so violent as to expectorate considerable blood, and only mitigated by evacuants, were immediately relieved by the sedative dose of quinine and morphine.

*Felicity, O., Jan. 1843.*

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ART. II.—*A Case of Acute Disease of the Mesenteric Glands—*  
By WM. JOHNSTON, M.D., of Moscow, O.

Janury 1st, 1840. Was sent for in great haste to visit O. F., æt. 14, light hair, blue eyes, and fair skin; has always enjoyed good health, until the present attack, which came on yesterday, when he began to complain of pain, or misery, in the stomach and bowels, which gradually increased in severity throughout the night; it abated a little towards morning, it soon, however, returned and became very severe, so that when I arrived he was suffering extremely, so much so that he could not be kept quiet in any position, complaining of his stomach and bowels. The pain seemed to center in the umbilical region, over which pressure seemed to exercise no influence, i. e. it was not lessened or aggravated by pressure or friction, nor could any unnatural fullness or distention be felt. The tongue coated with thick brown fur in the center; disagreeable taste in the mouth, with loss of appetite; no nausea or thirst, nor any preternatural excitement of the arterial system; bowels has been loose. His mother thought the cause of his disease was an injury he had got while at play with some other boys, at school, a few days before. Said he complained a little in the evening, after returning home, but not since, until yesterday morning. Gave him calomel grs. x., comp. powder ipecac. grs. viij.; directed it to be followed in about six hours with infusion of folia senna and sulph. magnesias, which operated freely, and relieved him for a time.

On the 3d, the pain again returned. No unnatural feeling or ten-



derness on pressure over any part of the abdomen. The tongue still coated, with some nausea. Repeated the sub. mur. hydr. with Dov. powder, to be followed with ol. ricini ʒj., spts. terebinth. ʒj. which operated freely; applied a sinapism over the stomach and bowels.

4th, But little change in the symptoms. No fever or thirst, but the discharges from the bowels very offensive, with two or three large intestinal worms. Directed an infusion, spig. marilandica ʒj, aqua bullent. O. j, and some time in the course of the day a dose of castor oil and turpentine.

5th, The medicine given yesterday operated freely, and carried off eight or ten worms. The pain has now entirely ceased in the region of the stomach, and is felt about an inch to the right of the umbilicus, and a little lower down, where there is a tumor about two inches long by one and a half wide, which has a regular smooth surface, no tenderness on pressure over it. The pain now comes on by paroxysms, which are irregular.

8th, For the last three days there has been no material change in the symptoms. The tongue clean. Applied an epispastic over the tumor yesterday, which rose well. Complains of a bitter taste in the mouth. Appetite not improved. The action of the blister has produced no change on the tumor, or pain. Has taken an anodyne at bed time, without which he could not rest.

9th, Being at a loss to know what course to pursue, by request, Dr. Rogers met me there to-day. He advised keeping up irritation over the tumor, and other medicines as the symptoms might indicate.

25th, It is needless to follow the treatment and symptoms from day to day, as there has been but little change, except the tumor seems to be less, and the appetite improved. Irritation has been kept up by repeated blistering. The paroxysms of pain have come on regularly every evening for the last four days. The tongue clean, and of natural appearance. Gave sulph. quinine gr. x, divided into four powders, one to be given every three hours, commencing in the morning; and if the pain returns in the evening, give sulph. morphia gr.  $\frac{1}{4}$ ; rub tart. emetic ointment over the blistered surface.

27th, The medicine taken yesterday has had no influence, except the ointment has produced considerable eruption.

29th, The eruption over the tumor prevents its being felt. Another has made its appearance about midway between the umbilicus

and xiphoid cartilage, about two and a half inches long, by two; lying transversely to the abdomen. This, as well as the other, has made its appearance suddenly, and is a little tender on pressure; there is also, for the first, pain on pressure over the lumbar region. I now suspected the disease to be scrofulous in its nature, and again requested that some one more experienced might be sent for.

Feb. 3d, Dr. Wood met me there. He advised the use of camphorated mercurial ointment, to be rubbed over the tumors. The patient appears pretty comfortable, except during the paroxysms, which are irregular, and very severe. Considerable increase in the frequency of the pulse during the time the suffering is most acute. There is but little emaciation.

4th, The scrofulous nature of the disease being strongly impressed upon my mind, I prescribed the hydriodate of potassa, commencing with grs. ij, three times daily, and gradually increased to as large quantities as the stomach would bear, which was continued until the 23d, when it caused nausea. The dose was then lessened to gr. j; and again gradually increased. The stomach would not now bear the medicine, as it did before.

He has taken a blue pill occasionally, and an anodyne at bed time, without which he could not rest. The tumors seem to be about stationary. The camphorated mercurial ointment has been continued; also frictions with the ungunt. iodine.

The patient's strength has failed, and considerable degree of emaciation, so that the tumors are somewhat prominent; and a number of others can be felt, of different sizes.

27th, The strength gradually failing, and pain in the abdomen increasing, which is constant. The tongue has no unhealthy appearance. The intellect is not impaired. The pain is not confined to any particular part of the abdomen, and is constant, unless under the influence of some narcotic. Appetite poor.

29th, His strength has declined rapidly for the last two days. Effusion has taken place in the abdomen, evident by fluctuation. No other change worth noting.

March 1st, Effusion in the abdomen increased. No other change in the symptoms. Has taken the hydriodate of potassa regularly, in small quantities, which even produced vomiting, at times. Did not think it worth while to harrass the patient any more with medicines, except something by which he might obtain rest. The symp-

toms continued about the same until his death, which took place on the 7th.

I never could learn that any of his family had ever suffered with disease of a scrofulous nature. Respiration was natural throughout the sickness. No cough.

8th, After much entreaty and persuasion, I obtained leave to examine the abdomen, which was done in presence of Doct. Wilcoxon and Mr. Fee, a student of medicine. The liver appeared healthy; the gall-bladder distended with yellow bile; nor could any morbid appearance be detected in the spleen, pancreas, or stomach, or intestines; nor any adhesions between any of the abdominal viscera. But the mesenteric glands, if we might judge from appearance, were every way enlarged. The tumors felt for the last two months, were enlarged glands; these corresponded very nearly with the dimensions given above, from the largest down to the size of a small pea; all of a soft cheesy consistence, breaking up easily from moderate pressure between the thumb and finger. There were between three pints and two quarts of a yellowish fluid in the abdomen. Permission could not be obtained to extend the dissection any further.

*Moscow, O., January 23, 1843.*

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ART. III.—*Remarks on Diseases of the Nervous System*—By  
C. B. GUTHRIE, M.D., of Granville, Ohio.

Reading an account of an anomalous case of disease, contained in Art. III. of the 8th No. of the *Lancet*, I was reminded of the fact that much good might result to the profession, by the report of such cases as come under their care, partaking of features so out of the ordinary class of diseases, as to leave us in doubt as to the best treatment.

My partner, Dr. Bancroft, and myself, have one or two such now under our care, one of which I propose describing to you, in hopes of eliciting similar facts from others.

The case is that of a young lady, twenty-three years of age, of healthy parents, and herself healthy until about fifteen. The disease now is evidently located in the *medulla spinalis*. It seemed to fix



itself upon this point about three years since, after she had suffered from various other forms of disease, and has now for that length of time remained stationary. Whether the lesion is organic or functional, I am not prepared to say. The symptoms now presented are the following: More or less continual headache, with now and then slight amaurosis. Tenderness along the spine, with loss of power in the motor nerves of that side, extending to the knee and elbow: this is not complete, but partial, accompanied by excessive *sensibility* of the parts. This sensibility is such, that she cannot bear the slightest pressure upon that part of her body. It does not stop at the sense of touch, but is such that she is able to detect the approximation of the hand of another, though not in actual contact. By repeated experiments we have demonstrated the fact, that she is able to detect the *presence* and *position* of the hand of another, when brought within *two inches* of that part of the body thus sensitive. She describes the sensation as sharp and lancinating, and following the motion of the hand, and ceasing soon after its removal.

I have repeatedly tested the thing, both outside of her ordinary dress, and without it, both with the same result, except that the intervention of any substance diminishes the pain. Her clothing after a short time, ceases to affect her thus; and I am not able yet to determine whether or not an inanimate substance effects her at all, except by its weight or tension; but I am inclined to the opinion that it does, to a very slight degree. There seems to be no difference in the presence of a conductor or non-conductor of electricity; nor does the state of the atmosphere seem to have any peculiar influence. I have witnessed, in her case, as well as one or two others, the existence of a state very similar to the somnambulic state of the mesmeric patient. During an increased trouble of the nervous system, I have witnessed a total isolation from all that was passing around them, yet keeping up a conversation, rational, and sometimes in most beautiful language, with some unseen being. The senses of touch and taste remained in their normal state, while the others seemed almost oblivious of their functions. Music, or any continuous sound, sometimes produce some effect; but there was no appreciation of distinctive sounds.

I have, to a slight degree, also witnessed the phenomenon spoken of by Marshall—pain occasioned by passing the hand over the surface from the sternum to the spine, while the passage of the hand

from the spine to the sternum occasioned rather a pleasant sensation. This I have recently witnessed in a young man, affected also with disease of the spine.

This young lady's case has gone through the whole routine of legitimate treatment, having always been under the care of a regular physician; she has never been *quackised*, as most of such are. She is possessed of no ordinary mind, highly cultivated; of deep religious feeling; cheerful, happy, and perfectly resigned to her situation; in short, just one for whom a physician feels that they deserve a far different fate, judging only from our finite appreciation of the things that pertain to life and happiness.

Thus I have given you the anomalous features of the case. There are other symptoms, but they tend to demonstrate the seat of the trouble, more than to elucidate the mysteries of its phenomena.

Let me ask a few questions, suggested by this case. Is there a *nervous fluid*? Has it a regular circulation? Is this increased action of the sentient nerves, with the loss of power in the motors, any evidence of a disturbance of this circulation, or of its loss of equilibrium? If there is organic lesion of the medulla spinalis, why have we this increase of power in one set of nerves, while we have loss of it in another?

The continued presence of the hand occasions great disturbance of the motor as well as sentient nerves. Why? Does it take off electricity? I can discover no evidence of the existence of this fluid. Is it not much more like the galvanic, or magnetic fluid, than like the electric? What it is seems yet to be a matter of doubt; but my own impression is, that the diseases of the nervous system must soon be referred to something more than *irritation*, and treated by something more than *counter irritants*.

Granville, O. Jan. 7, 1843.

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ART. IV.—*A Case of Spontaneous Evolution of the Fœtus*—By  
D. S. GANS, M.D., of Cincinnati.

The January number of the *Lancet* contains a case of spontaneous evolution of the fœtus; and as we have very few cases of the kind on record, and as the non-believer in the possibility of such

cases will likely exclaim, that "one swallow does not make a summer," that being the only case on record here, allow me to give you the history of a similar case.

On the 9th of February, 1841, late in the afternoon, I was called upon by Mr. —, to go with him into the country about six miles from the city; stating that his wife had been in labor since the day before; that they had at first employed a midwife, but finding that the position of the child was unnatural, and that after some attempts to deliver her, one of the arms presented, she requested the attendance of a doctor. The physician came, but after several efforts on his part, in which he failed, he gave the case up, as it appears, for a bad job, saying, that he could not do any thing without getting his instruments. For this purpose he proposed to return to town, requesting the husband to go with him. Coming near the city, the doctor requested that another physician should be called in, as he could not well go back with him. He then came to me. Considerable delay was occasioned in our leaving the city, on account of the man going to a minister, whom he wished to take along, and remarking that he was not able to hire a vehicle for that purpose, I offered the reverend gentleman a seat in my buggy. Night had now set in, and with it a great quantity of rain; the night was therefore very dark, and having soon to leave the turnpike for a by-road, we made very slow progress on our way, so that it was very late in the night when we arrived. Upon coming within about a quarter of a mile of his habitation, we met some persons coming from the house, saying that the child was born. When we arrived at the house we found the report true. The midwife, who was yet present, stated to me, that after the Doctor had left, the pain had become weaker, and by and by ceased entirely. She said that, expecting another Doctor, she had made no attempts or efforts to deliver her, but that several hours afterwards, fresh pain commenced, which, without any assistance on her part, more than receiving the child, ultimately brought the child, lifeless, to the world. I examined it, and found evident marks on the arm, from its long continuance in the protruded position. The woman appeared somewhat exhausted, but no other unfavorable symptoms, neither local or general, were present. I remained with the family all night, and left her next morning as well as usual at the first day after confinement.

If the *vis medicatrix naturæ*, in medical and surgical cases, by



healing wounds, by throwing off extraneous matter, etc., excites our admiration and wonder, she shows herself still more effective and beneficial in the obstetrical cases in question, and must excite our surprise. For, in the former, she acts by certain laws of our own system; for instance, that all foreign substances incline towards the surface—towards the exterior of our body—causing there, generally, inflammation and suppuration, thus throwing off those substances. But in the latter cases, it is somewhat different. The whole process of parturition is to be looked upon as an attempt of the *vis naturæ medicatrix* to throw off a foreign body; for the child having attained that state in which it can live alone, presents itself to the system of the mother as such, when labor commences to accomplish nature's efforts. For the purpose of accomplishing that which the midwife, in these cases, neglected to do, namely, to assist nature by turning the child, she desists awhile from the natural process entirely, and keeps herself passive, to allow the arm, or rather the child, to take another position, when she sets to work again, to throw off the foreign body—the child.

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ART. V.—*An Extract from the Proceedings of the Hamilton County Medical Club, of Sept. 2, 1842.*

According to notice given at the previous meeting, Dr. Wm. Jenkins read a paper on Scarlatina.

In the *treatment*, Dr. J. remarked, that three prominent points claimed attention. 1. To establish the efflorescence on the surface; 2. To moderate the febrile excitement; and 3. To prevent, if possible, and finally remove, local congestion.

To fulfil the first indication, a gentle emetic of ipecac. was given, and after this, calomel and rhubarb should be given, to arouse the secretions of the liver. To this follows sponging the surface with warm water and castile soap.

To meet the second indication, or moderate febrile excitement, small doses of calomel and ipecac., and occasionally Dover's powder, when indicated, being governed by the cerebral symptoms in giving opium, are proper. Warm sponging with soap-water; sinapisms to the soles of the feet and around the legs; warm diluent and mucilaginous drinks, and a quiet room, were resorted to.

To fulfil the third indication, or remove congestion and inflammation, depletion, general and local, were considered proper. If the throat is the seat of inflammation, leeches or cups and fomentations are applied externally, and mucillages internally. When the head is affected, ice-water to the shaven scalp, and blisters to the extremities, are proper. Nitrate of silver was occasionally used to the throat, in the proportion of grs. iss. to the  $\frac{3}{4}$  of water.

Dr. Harrison remarked, that scarlet fever was characterized by several prominent features, as a constitutional disease, and that the local phenomena must be considered mainly in reference to the state, which is very variable, of the system. The poison inducing this complaint, affects the nervous system, by a depressing mode of agency. Depletion cannot, therefore, be well borne in scarlatina. This truth, as far as sanguineous depletion is concerned, is abundantly established by the general testimony of the profession. The pulse indicates the severe shock inflicted on the nervous system, by the peculiar scarlatinous virus; it is very quick and rapid. Great restlessness, and pervigilium are often present.

Epidemic visitations of scarlet fever vary in their intensity of seizure, and the correspondent mortality witnessed. "Some years it is a mild disease, in other seasons a very malignant one.

There are several varieties in the modes of its onset. First, great prostration, with or without vomiting; incomplete reaction, with slight or total absence of the eruption, may carry off the patient, in convulsions, or by sudden collapse of the vital energies. Second, scarlatina facium, or scarlatinous sore throat, with little or no eruption, may be the form of the disease. Third, well established and diffused eruption, with sore throat.

Our treatment must vary with the varying states of the disease. There are, however, three indications of treatment not to be lost sight of in the judicious superintendence of the disease. 1, To control or moderate the general vascular excitement. 2, To subdue or restrain local inflammation. 3, To sustain the constitutional powers. Our plan, continued the Doctor, is, to give ipecacuanha, as an emetic, at the commencement of the attack; to administer calomel with a very cautious hand; use cold or tepid sponging to the general surface, and quite early in the disease to give the mineral acids, carbonate of ammonia, or the pepper mixture of the West India practitioners. The local treatment comprises leeches to the throat, if seriously affected;

a solution of nitrate of silver, quite strong, say ten grains to the ounce, applied internally by a camels-hair pencil; and warm applications externally to the throat.

Too much medication, especially of a depletory kind, is ordinarily inflicted on patients attacked with scarlet fever. Whilst mild emetics, aperient medicines, and the sponging of the surface, moderate vascular excitement, as far as the depressed state of the system will permit; and the inflammation of the throat is combatted by the nitrate of silver, the mineral acids, or carbonate of ammonia sustains the prostrated vital powers.

In some epidemic visitations of the disease, bleeding has proved highly useful; but these stand as exceptions, not rules, for the regulation of our practice in the affection.

Dr. Carroll remarked, that however true many of the statements in the gentleman's paper were, with regard to the treatment of scarlet fever, yet some important points had not been examined in a way that met his entire approbation. He thought the gentleman had omitted an important matter in the treatment of the disease, which was, that many cases of scarlatina should be treated nearly altogether without medicine, relying on regulation of the diet, temperature, cleanliness, and proper ventilation of the apartments of the sick. It had been remarked by a great medical authority, that it was only fatal "through the officiousness of the doctor;" and his own experience had too often confirmed him in the same opinion. He said that when the disease produced only moderate excitement, and when that excitement was generally diffused, without evidence of any serious local congestion, nothing should be done to depress the energies of the system; and he had seen unfortunate results grow out of inattention to these circumstances, and he had often had to lament the exhibition of potent medicine, and the use of the lancet. These remedies only bring about that condition which the physician wishes to avoid. He thought it proper, however, to give occasional laxatives, and pay attention to the diet, etc.

The Dr. further remarked, that he was in favor of the warm shower bath, but he was unable to see the advantages to be derived from soap, as it would rather counteract the cooling and soothing tendency of the water; he supposed, however, that a small quantity of fine soap, combined with the water, would not injure. One thing, he said, was certain, that in many bad cases great capillary excite-



ment and congestion existed, and it must, therefore, be of the greatest importance to mitigate such a condition, which he thought could not be done with external irritants. He also remarked, that the gentleman had recommended the use of sinapisms to the extremities, without any particular reference to the condition of the patient. He thought they should be used only when the extremities were cold, or much below the heat of the general surface. He was of opinion, also, that blisters were usually injurious; and that he had seldom known patients to recover to whom they had been applied.

He regretted that the gentleman had not alluded to the use of antimonials in the treatment of scarlatina, as he was impressed with the belief, that no other medicine was equal to tartrate of antimony in the management of this disease, particularly at its commencement, when emetics are of great use; and those of tartrate of antimony are preferable to all others. This medicine, he said, had a peculiar and specific effect on the capillary system, which he thought greatly mitigated its overloaded condition. An instance of this peculiar action was evinced in the exhibition of antimonial emetics during the eruptive stage of measles; which, in all the cases he had seen, almost immediately produced a venous color of the eruption, that was in a short time followed by death. This result he had known in no less than twelve cases. But when given in scarlatina, a very different effect is produced, as it relieves the urgent symptoms at the commencement, when given to produce full vomiting. After which, he thought small doses preferable, as by this means the violence of the circulation could be moderated, without depressing the strength, or disordering the stomach. He also observed, that the use of calomel, or other mercurials, in scarlatina, was objectionable, and he thought they were no further useful than as purgatives; and that the specific influence was never beneficial, but might be, and he thought often was, injurious.

Dr. Jesse Judkins rose to state, that he had practiced on the principles laid down in the paper read, and that the success was such as to satisfy him. He had treated cases in various stages and conditions, and found them to yield more readily to that, than any other mode he had witnessed.

Dr. Dennis stated, that he had formerly adopted the more active treatment, using mercurial and depletory remedies; but that the success not proving satisfactory, he had changed the treatment. He

had formerly been guided, in the treatment of the disease, by general principles; but that he was now convinced that scarlatina was an affection *sui generis*. He had met with numerous apparent indications for the use of mercury; but being governed by the opinion just expressed, he had proscribed that remedy, and his success had verified the utility of the practice. He could not conceive that a remedy prone to develop inflammation and ulceration of the mouth and throat, could be applicable in that condition of the system, in which this state of things already existed.

In the anginose varieties of scarlatina, his mode of management consisted in the use of mild emetics and aperients; the application of nitrate of silver and stimulating gargles to the throat, and occasional sponging with tepid water.

Dr. Warder remarked, that he had seen several cases of an eruptive disease, resembling, to some extent, scarlatina. He wished to know whether others had seen it; whether it was contagious; and what connection it had to scarlatina?

Dr. Wright wished to know what facts existed in relation to the *contagious* character of scarlatina. He thought it was an interesting point, and hoped gentlemen would give their opinions, and the facts that came under their observation, on this feature of the disease.

Dr. Bonner remarked, that he considered the disease contagious, usually attacking all the members of a family which it enters, and commonly spreads throughout neighborhoods. In the treatment he would use calomel, as an alterative, but not as a purgative; this to be followed by mild aperients. Tepid sponging to the surface; nitrate of silver, in the proportion of grs. xv. to xx. to the ounce, applied internally to the throat; pepper gargles, leeching and poultices, constituted the treatment which he had found most successful.

Dr. Wm. Judkins, supposed the disease came on, in many instances, without a contagious origin. It will attack part of a family, and not others. Children are often exposed, without contracting it. He therefore thought it had an atmospheric origin.

Dr. Wright said, he was not entirely decided, but had thought scarlet fever not contagious. The first case he saw in an epidemic did not communicate it to others. The next case originated in a remote part of the town, and none took it from the patient. In most families, but one case occurred, other members escaping. Nurses and physicians do not usually take the disease. Several members of

a family being attacked, is no evidence of contagion; for the same may occur in common fever.

Great diversity of opinion, he remarked, existed in relation to treatment. One would stimulate, another deplete; and some gave nothing. He would ask the gentleman, (Dr. Carroll,) if, in a violent case, he would stand by and use nothing? He believed he would use the lancet, and other active means. When he, (Dr. C.) advises little medicine, and yet gives tartar emetic, it involves an inconsistency. He thought antimony a most injurious medicine, and should be discarded. He was not wedded to any particular system. If inflammation was present, would bleed; if the stomach seemed to require emetics, he would use them, and so of cathartics. He therefore prescribed for symptoms. Some cases require but little treatment; some may demand stimulants.

Dr. Harrison thought symptoms should not be prescribed for; that the disease was produced by a specific virus, and hence demands specific treatment. Several points are worthy of consideration. 1. It is essentially a disease of childhood. 2. It is both epidemic and contagious. Some exposed, may not have scarlet fever, yet they will contract sore throat. 3. Its pathological anatomy—affects the larynx, not the bronchia—is limited to the skin and throat. In some instances, when the body is opened, there is no trace of disease, the patient seeming to have died of the shock upon the system. 4. The treatment. Differences of opinion arise, from epidemics requiring different treatment. The stimulating practice, as a general rule, is most successful. The lancet is destructive. Even in delirium, depletion cannot be resorted to, as in ordinary diseases; and stimulants, even here, will be preferable. In scarlatina, delirium is evidence of a powerful shock of the system.

Dr. Carroll said, he believed scarlet fever was contagious, as were most diseases, except pregnancy. He had seen unequivocal evidences of contagion. He had witnessed an epidemic in which there was no eruption; patients frequently relapsed, on exposure; and erysipelas of the face and scalp followed. Cases of mortification were common.

The simple forms of scarlet fever, he observed, require little treatment. Sydenham thought, if doctors would let them alone, they would get well. If there is much congestion of the skin, it is dangerous to deplete. Some cases, however, require active treatment;



he once bled ten times in five days. In regard to the use of tartar emetic, he did not stand alone ; Cullen had preferred it to most other remedies.

Dr. Wright, agreed with Dr. Harrison, that while some contracted scarlatina, others would have only sore throat. If, however, the disease was contagious, he would expect it to produce a similar affection, instead of only sore throat. Dr. H. supposes it is produced by a specific virus, though assuming different forms ; yet he would treat all alike. Would he give stimulants if there was high inflammation ? He supposed not. The fact that post mortem examinations may sometimes reveal no disease, should not deter us from depletion, as the same exists in common fever.

Dr. Harrison observed, that he was asked if he would bleed when there was inflammation ? He would not. If the pulse was full, strong and slow, and the patient not restless, we might bleed ; if the pulse was rapid, the lancet would prove injurious. If there is much delirium in scarlet fever, don't bleed, as it will prove hurtful. Tart. ant. may be employed advantageously, as an alterant.

Dr. Gans thought scarlet fever was contagious. Most of the children of a family are attacked, when invaded by the disease. Witnessed an extensive epidemic, in which contagion was manifest. The females who attended the children, took the disease. In the treatment, we must discriminate, although it is a disease *sui generis*. Simple scarlatina requires little treatment. Does not use the lancet. Sometimes applies leeches ; has often used muriate of ammonia with benefit. Uses calomel to act on the liver. We should always regard the general character of the disease.

## BIBLIOGRAPHICAL NOTICES.

ART. VI.—*A Treatise on the Diseases of the Eye*: By W. LAWRENCE, F. R. S., Surgeon Extraordinary to the Queen; Surgeon to St. Bartholomew's Hospital, and Lecturer on Surgery at that Hospital; Surgeon to the Bethlehem and Bridewell Hospitals; and late Surgeon to the London Ophthalmic Infirmary. From the last London edition, with numerous additions, and sixty-seven Illustrations: By ISAAC HAYS, M.D., Surgeon to Will's Hospital; Physician to the Philadelphia Orphan Asylum; Member of the American Philosophical Society, etc. *Philadelphia*; Lea and Blanchard, 1843. 8vo. pp. 778.

Lawrence's *Treatise on Diseases of the Eye*, is too well and favorably known to require any commendation at this period; and Dr. Hays has been extremely fortunate in selecting a work with which his own name is to be identified.

The first edition of this *Treatise*, was published in London, 1833, and was based on the Lectures of the author, delivered at the London Ophthalmic Infirmary, on the anatomy, physiology, and diseases of the eye. In 1840, the author revised the work, and made many additions, among which is found the operation for squinting. We are now offered an American edition, embracing considerable additional matter by the editor, and sixty-seven illustrations; many of which are from original drawings. The result of the editor's own experience in the treatment of most of the important diseases, derived from more than twenty years devotion to the subject, are given.

The work, as now offered in the American edition, may be regarded as a finished production, and has accomplished all that could reasonably be expected in this department.

The importance of diseases of the eye, and an intimate acquaintance with their pathology and treatment, are not as fully appreciated, as their great importance demands. True, well informed practitioners of medicine are able to treat these affections in accordance with sound principles of general pathology; but that minute and special knowledge of this class of affections, essential to successful practice, can alone be attained by studying works on that particular branch.

The reason that ophthalmic surgery is less cultivated than other branches, is very obvious; it arises from its neglect in medical schools. The few lectures that a Professor of Surgery has time to devote to this subject, are totally inadequate to present to the mind of the student more than an outline of the various diseases and operations. Our medical institutions need reforming, in this respect; and we trust they will soon feel the importance of the subject, and make adequate provision for its cultivation. The following extract, from the author's introduction, will convey just ideas of the subject:

"It often depends on the surgeon, whether the patient shall retain or lose, recover or remain bereft of vision. Common external inflammation of the eye, if neglected, or improperly treated, by rendering the transparent anterior portion of the organ more or less opaque, proportionally injures vision; inflammation of the iris, when unchecked, causes contraction of the pupil and effusion of lymph, which prevents the passage of light into the eye. Affection of the nervous structure, if not arrested in its beginning, terminates inevitably in diminution or loss of sight. Such distressing results have too often been promoted by modes of treatment, in favor of which the sanction of names that have enjoyed public confidence might be adduced. The success of operations for cataract, or artificial pupil, depends entirely on the knowledge, discrimination, and dexterity of the operator. The cases now alluded to are matters of daily occurrence, and make up the bulk of ophthalmic practice. The serious responsibility, which this view of the subject unfolds, will impel every conscientious practitioner to turn his anxious attention to the affections of this important organ, and to embrace all opportunities of acquiring that knowledge, which will enable him to act decisively and effectually on occasions of such momentous consequence."

Those who may wish to add to their libraries, on diseases of the eye, cannot do better than to purchase the work under consideration. It will be found essentially a practical work, such as the general practitioner will find exceedingly valuable for reference. It is for sale by Messrs. Desilver and Burr, 112 Main-st.



ART. VII.—*The Diseases of Females; including those of Pregnancy and Childbed*: By FLEETWOOD CHURCHILL, M.D., author of “*The Theory and Practice of Midwifery*,” Licentiate of the King and Queen College of Ireland, etc. etc. Second American edition; with notes: By ROBERT M. HUSTON, M.D., Professor of Materia Medica and General Therapeutics, and formerly of Obstetrics and Diseases of Women and Children in the Jefferson Medical College of Philadelphia; Physician to the Lying-in Department of the Philadelphia Hospital, etc. etc. *Philadelphia*; Lea and Blanchard, 1843; 8vo. pp. 575.

This is a volume of great interest and unquestionable utility. It deals in plain practical truths, embracing the pathology and treatment of the various diseases belonging to this branch of medicine. Few subjects possess more interest, or demand greater skill in treating, than those peculiar to females; and practitioners are more frequently censured or superseded, while treating those affections, than all others combined. Hence the great interest always felt in this class of affections; and books of merit written on this subject, are usually sought for with avidity. Dr. Churchill's first book, “*Outlines of the Principle Diseases of Females*,” generally received the decided approbation of the profession; and, although it purported to be addressed to students, yet it was found in the hands of many practitioners.

This work, however, was incomplete, as it did not include diseases of pregnancy and childbed. The author, therefore, has produced another volume, including all those affections peculiar to pregnancy and childbed: the two are bound in one volume, with notes by Prof. Huston; the whole making a very complete and valuable system.

The whole work abounds in plain practical matter, the *text* being unincumbered by references to authorities, and detail of conflicting opinions, but is confined to the history, pathology, symptoms, and treatment of the various diseases, while in notes the various opinions of authors are freely discussed.

The able American editor, Professor Huston, has added many notes, which enhance the value of the work; though, we are informed, the apprehension of rendering it too voluminous prevented the introduction of more matter.

The two volumes make up a very complete system, and as such, believing that a better cannot be found, we commend it to the student and practitioner. It is executed in the usual good style of the enterprising publishers.

For sale by Messrs. Desilver and Burr, 112 Main-st.

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ART. VIII.—*Fourth Annual Report of the Directors and Superintendent of the Ohio Lunatic Asylum, to the Forty-First General Assembly.* Columbus; Dec. 9, 1842. pp. 88.

This Report possesses peculiar interest. Few subjects, either in a scientific or philanthropic aspect, possess greater claims to our attention, than that of insanity; and few instances occur in which human benevolence is displayed in greater beauty, than in well timed and judicious efforts to restore lost reason.

The Ohio Lunatic Asylum is a noble institution, and is conducted with the greatest success, by the able and indefatigable Superintendent, Dr. Wm. M. Aul, and his associates.

The origin of this institution is justly attributed to the Medical Convention of Ohio. In January, 1838, the Convention adopted a memorial to the Legislature, recommending the establishment of a Lunatic Asylum at Columbus. This recommendation was promptly acted on by the General Assembly, and an appropriation for its accomplishment was made. In Nov. 1838, the institution was organized, and went into operation under the care of the present Superintendent.

During the four years that the institution has been in operation, 408 patients have been admitted; and of this number, 165 have been discharged, *cured*; 11 *improved*, 43 *incurable*, and 47 have died.

In relation to recoveries, the Superintendent makes the following remarks:

“The general per cent. of recoveries in recent cases, if calculated upon the number of this class discharged, which is the usual custom in American Institutions, is 86.05. If calculated upon the whole number discharged, it is 65.12; and if upon the entire number admitted into the asylum, it is 40.44.

The average per cent. of deaths in the four years, is 9.16. The average proportion, one of 11.65.

In regard to recoveries and deaths, there is one peculiarity of the institution, which must always be kept in view. It is, in the most enlarged sense, a public asylum, being chiefly supported from the treasury of the State, and interest, as well as necessity, will have a tendency to make it the receptacle of the most unfavorable cases, both in respect to native vigor of intellect and constitutional health. On several occasions we have received patients in the very last stages of chronic disease, so that they have not lived beyond a week or ten days after their admission; and quite a number have been committed in whom the native amount of intellect scarcely more than exceeded the point of imbecility; so feeble that a single attack of insanity would be more than sufficient to extinguish it forever.

It will be seen, by the table, that more males than females have been admitted. Taking our lodges and house together, we have more room for males than females; but we have always had an excess of males, and of applications for males; and our aggregate results show the majority to be with the male sex, probably to a greater proportion than their excess of population in the state; which must depend upon the greater amount of their vices. The single cause of intemperance, for instance, will more than account for the difference. Females, from the peculiarity of several exciting causes, from which males are exempt, may be more liable to attacks of insanity; but intemperance, disappointed ambition, pecuniary embarrassments, etc., from the influence of which females are almost entirely removed, are more than sufficient to overbalance these peculiarities; and we believe the statistics of the other American Institutions show the same results.

Medical writers say, that insanity is more curable in females than males, and this agrees with common experience in the institutions of this country and Europe. We *appear* to disagree from this in our reports, but the discrepancy is explained by the difference in the duration of disease before admission. Of the one hundred and thirty-four recent cases received into this asylum in the past four years, eighty-four were *males*, and only fifty *females*. During the past year more females have been admitted, and a greater proportion have recovered than formerly; many of them parents, and valuable members of society."

These results compare very favorably with other similar establishments; indeed, a comparison will show that in the Ohio Lunatic Asylum, a greater proportion of cures have been performed, than in any other Asylum in our country. And the average per cent. of deaths, for the last four years, is 9.16, which is quite as favorable as other American institutions, while the deaths in the British Asylums is 21.13, and in the French 32.12 per cent.



The following extracts will convey a just idea of the moral treatment so judiciously adopted in the Asylum :

“ As commonly understood in medical writings, this subject comprehends the entire system of moral government and discipline necessary and proper for the management of the insane, including, of course, separation and seclusion from society, social and religious communication, occupation, exercise, amusements, restraints—every thing, in short, except the medical prescriptions, by which we direct and control the disordered mind, and contrive to cheat away its sorrows. It would require a volume to do the subject justice. We must confine ourselves to a very few leading remarks, which, as heretofore, will be found under different heads.

Our system of discipline depends upon neither secret arts nor physical force. It is entirely based upon the plainest and most simple principles of parental kindness, and common sense, with such tact and ingenuity as necessity may suggest, or occasion require. “ A cheerful, encouraging, friendly address ; kind but firm manners ; to be patient to hear, but cautiously prudent in answering ; never making a promise that cannot safely be performed, and, when made, never to break it ; to be vigilant and decided ; prompt to control, when necessary, and willing but cautious in removing it, when once imposed ;” these are qualities which will command the respect and gratitude and attention of the misguided lunatic, when they could never be attained by force.

Skill is superior to force ; steadiness and firmness, before rashness and violence ; and a well-turned joke often succeeds better than any thing else. The great points are, *a kind heart, pure motives, and sound judgment.*”

“ *Restraint.*—Under this head, it is proper we should go into particulars, in order to prevent misapprehension, and correct mistakes.

We allow no one in our employ to insult, taunt, ridicule, abuse, strike, whip, chain, or iron a patient, under any circumstances whatever. There never was a man or woman chained, or put in irons of any kind, since the Asylum received a patient ; and we never had a strait-jacket in our possession. The simple leather wristbands are directed, for a few hours at a time, for those who quarrel and strike, or break and abuse the house, or furniture ; and they are almost the only thing of the kind in use, excepting, indeed, the still more simple plan of fastening the waist belt to the back of a chair, in order to keep meddlesome and busy-bodies from mischief, and running about too much. The leather mitten, or muff, may be occasionally substituted for the wristbands, for such as tear clothing, or are disposed to injure themselves, or commit suicide. Cases are seldom so refractory as not to be manageable without the arm chair, though it is sometimes necessary. When there is great excitement and violence, we

prefer temporary seclusion, in a strong room, to any other way; and it is sometimes the only thing that will insure peace and safety.

But it is a greater pleasure to remove restraints, than to order them, and we are always anxious and ready to do so, at the earliest moment possible, and in the most pleasant and tender manner. Every thing of this nature must be used with the best of motives, and in the most rational manner, and, as far as practicable, with a view to self control, and improvement, so far as to secure the good, and, as much as possible, avoid the bad effects of restraint.

And in this connection we may allude to what may, with propriety, be called *the art of restraint*, by which a large number are amused and controlled in the Asylum, without the least abridgement of personal freedom. This is so difficult to describe, we have thought it could be illustrated more clearly by the selection of a suitable case, which the reader will find in the Appendix.

Pledges, too, belong to this art. They are often successful, without the necessity of personal restraint. We are seldom disappointed in the word of a patient seriously given, and, "upon honor." A number of the peaceable and orderly have the entire freedom of the farm upon these terms, and are sometimes sent down to the city alone. And we very frequently succeed in controlling even the mischievous and more violent, at least for a time, by obtaining their pledge of good behavior.

Cold and warm bathing is also used in a variety of ways, especially the cold bath, which is employed, both as a mean of health, and to induce self control and useful restraint. A number of interesting cases might be related, in which this invigorating and salutary measure has been attended with the most beneficial and happy results. It is the best thing we have ever tried with ill natured and petulant patients, and for fighting gentlemen there is nothing could do better. A complete showering of both parties is quite satisfactory, and generally makes them the very best of friends."

Notwithstanding the extent of the accommodations, and the large number of patients admitted, yet it is a lamentable fact, that many applications are refused for want of room. Since the opening of the institution, two hundred and sixty-five applications from Ohio, besides a considerable number from other states, have been refused for want of room. It is estimated by the Superintendent, that there are in the State of Ohio, six hundred and fifty insane persons: and of this number, at least three hundred and ninety will need the care of a public institution. The present house cannot properly accommodate more than one hundred and forty-five, while the remaining two hundred and forty-five are placed under the inadequate protection of private individuals, or in county jails. Every principle of justice and benevolence demands that the buildings should be extended, so as to accommodate *all* the insane of the State.

MISCELLANEOUS SELECTIONS AND INTELLIGENCE.

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1. *Terrestrial Heat*, No. 4. By Dr. JAMES LAKEY, of Cincinnati.—A new book upon this important but much neglected subject, has just appeared, from the prolific press of our commercial emporium, the city of New York. It now lies before me, and is entitled, “The Climate of the United States, and its Endemic Influences; by Samuel Forry, M.D.”

The facts and remarks contained in this book of 381 pages, are well worth the attentive perusal of every philosophic physician in our broad land. Dr. Forry deserves great credit from his countrymen, not only from his medical brethren, but from every intelligent American.

His book is not systematic—perhaps it is better on that account—his tables are valuable, but some of his theories are new and startling, and some of them require time to establish their truth. The author treats the time-honored and venerable names of Rush and Jefferson with rather too much freedom. In his preface he says, “In regard to the climate of our country, we possess no treatise founded on facts.”

This is a mournful truth, to which may be added many more.

Many of the country practitioners of medicine are unprovided with the necessary instruments; they have neither thermometers, barometers, nor rain gauges. This sin of omission cannot, I trust, much longer be laid to our charge, for the attention of the faculty in this valley seems to be turned to facts and observations, more than to idle and ingenuous theories that have had their day and passed by to oblivion. In page 61 the author aims a blow at a long cherished and deep seated error:

“The table of heat, however, shows conclusively that the climate of the New World, viewed in its general features, is, contrary to general opinion, *less excessive* than that of the old. Comparing our eastern coast with that of Asia, the difference between the mean temperature of winter and summer is found to be  $12.20^{\circ}$ ; and comparing our western coast, notwithstanding our isothermal line is lower, with that of Europe, a difference of  $4.50^{\circ}$  is exhibited.”

By summer, the Doctor means the time between the vernal and autumnal equinoxes; and by winter, the residue of the year, or the



six months between September and March. Spring and autumn are left out for the sake of convenience. He continues :

“Connected with this subject is the question frequently agitated, whether the old continent is warmer than the new. Volney and others have attempted its solution by a comparison of the mean annual temperatures of different places on both sides of the Atlantic ; but to this mode of determining it, the objection at once presents itself, that the points of comparison represent opposite extremes in the climate of each continent. \* \* Indeed, the question itself involves an absurdity ; for, as the laws of nature are unvarying in their operation, and as similar physical conditions exist in corresponding parallels of both continents, the same meteorological phenomena will be induced. \* \* \* Pekin and Philadelphia, each on the eastern coast of its respective continent, are fair examples, have the same latitude, a similar relative position, and consequently the same mean annual temperature. The same coasts of each [side of the] northern hemisphere, it has been seen, present little difference as regards annual temperature,” etc.

This fact, I believe, has never before appeared in the pages of a bound book. Important as it is, it will find many unbelievers. Writers for two centuries have confined their observations to the Atlantic slope of the American continent ; and have compared the heat of this region with that of southern and western Europe, with that part of Europe over which is wafted the winds from the North Atlantic, and from the burning African deserts. The burning surface of Sahara is cooled by no streams of water to wet the parched tongue of the robber that roams over it ; no lakes, nor mountains, nor clouds to furnish rain ; and yet this immense surface of hot sand stretches into the temperate zone. The Sirocco was felt by the crew of the American frigate Philadelphia, in the summer of 1804, when slaves in Tripoli. The Bashaw employed his christian captives as beasts of burden.

“I saw this morning some of my unfortunate countrymen, chained to a cart, which they were dragging into town,” says Dr. Cowdery, the surgeon of the Philadelphia, in his letter to Dr. Mitchell ; “They complained of the Siroc wind,” etc.

This wind is felt, to a limited extent, in Malta, Sicily, Spain, and Italy. Still more diluted, it reaches the “fog-wrapt” islands of Britain and Ireland, and is one of the many causes of the warmth of their atmosphere.

No one thinks of comparing the temperature of Tripoli with that of Charleston, S. C. ; but it would be quite as rational as to compare Rome with Boston, or Paris with Quebec. Tripoli is warmer than

Charleston, because it is in the near neighborhood of the Barcan Desert; here the cause is evident and indisputable. The same cause operates, though with less intensity, upon all European territory west of Russia. The African deserts present a greater area of surface—they contain more square miles than the whole of Western Europe.

The following extract is from page 99 :

“Has the earth, in regard to its temperature, arrived at a permanent state? This is a question asked by the learned M. Arago, in his instructions to the officers of the exploring ship *La Bonite*. \* \* As the earth is continually receiving heat from the sun, it follows that if no caloric is thrown off into the surrounding space, its mean temperature must be continually augmenting. It has been accordingly inferred, that the increase of heat is one degree in eighty years. \* \* But the celebrated *La Place* has attempted to show, from astronomical observations, that the mean heat of the earth, as a planet, has undergone no sensible change during the last 2,000 years.”

The African Sirocco has been mentioned; but perhaps the effects of this deadly wind, in raising the temperature of the air, and in lowering the *mercury of men*, are not generally known or regarded by writers.

Dr. Miller, of the British army, says, that “when the Sirocco prevailed at Corfu, the dew point always rose high, often to  $76^{\circ}$ , while during the north winds it stood low, sometimes down to  $5^{\circ}$ . You will observe by the register, the *extreme moistare* of the south winds. *Meat* will not cure, nor *paint* dry, during the prevalence of the Sirocco.” [Mem. of the Wernerian Soc. vol. 5.]

Corfu lies west of ancient Epirus, in about the latitude of Philadelphia; the latter place is fortunately exempt from the influence of the Sirocco.

But terrestrial heat, or the want of it, is not always governed by terrestrial causes. The causes of the dangerous diminution of heat in former times—the causes of the dreadful cold mentioned below—these causes are remote and recondite. Perhaps the causes of this frightful cold were celestial; that is the unexplained influence of the neighboring heavenly bodies. The following instances of the intensity of the cold, prove that the common causes of terrestrial heat were powerless for a time.

In both 1468 and 1544, the winter in Flanders was so severe, that the wine distributed to the soldiers was cut into pieces with a hatchet. In 1621-2 the rivers of Europe were mostly frozen over, and even the Zuyder Zee. In England, in 1684, many forest trees,

and even oaks, were split by the intensity of the frost. In 1709 it is said that the ground was penetrated by the frost to the depth of nine feet. In Spain and Portugal, in 1740, the snow lay eight or ten feet deep; the same year witnessed immensely deep snows and intense cold in the Province of New York, and in the Provinces east of it; in short, in all parts of North America, between the 40th and 44th parallels of latitude. In 1780, horses and artillery were transported over the ice in the harbor of New York. The year 1780 was a landmark in vulgar chronology, for one entire generation of men living in the eastern and middle States. It was called the "hard winter," or the winter of the "great snows," or of the "deep snows."

Parents reckoned the ages of their children and their own ages from that memorable year, and the schools have not taught a better system of chronology since.

These examples of the intensity of cold, might be increased, but it is not necessary. They are sufficient to convince the candid inquirer, that the causes are recondite, and perhaps still to be discovered. For instance, when the snow lay eight or ten feet deep in the Spanish Peninsula, why was the influence of the African winds powerless? Perhaps this great degree of cold was owing to the state of the sun's surface, or to the approach or recession of some smaller celestial body. In this case the terrestrial causes were rendered powerless by the over-mastering energy of the celestial causes.—*Cin. Chronicle, Jan. 1843.*

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2. *Pathology of the Tissues*—by Dr. JOSEPH ENGEL.—1, An osteophysis, or formation of bone on the inner surface of the skull, in the case of pregnant women, is a frequent occurrence in Austria. It has hence been inferred that there is a certain relation between pregnancy and this species of osteous growth; although against the supposition that there is any such necessary connexion militates the fact, that in England this growth has never been observed in pregnant women, and that it has been noticed in women who were never pregnant, and also in men.

The first appreciable phenomenon in this peculiar morbid process, is the appearance of a gelatinous, yellowish-red exudation on the outer surface of the dura mater, without any apparent actual impica-



tion of that membrane. This exudation, examined by the microscope, exhibits cells containing nuclei, which become united by an amorphous, gluey substance, and extend themselves on one or on both sides by fibre-like prolongations. The nucleus of the cell is tolerably large, and is sometimes surrounded by a capsule. The dura mater becomes adherent, in consequence of this exudation, to the corresponding part of the cranial bone; and from this point dates the deposition of earthy salts, which is effected by the same process by which, in cases of fracture, the formation of bone takes place from the deposition of callus. The phenomena are analogous to those which take place in periostitis, in which exudation from the bone amalgamates with phosphate of lime, resulting in osteophysis.

The frequency of this morbid affection, and the circumstance of its occurring in advanced life, are additional grounds for regarding it as having no necessary connexion with the pregnant state. Rarely does this disease manifest itself, during life, by any symptoms.

2. *Proneness of articular cartilage to suppuration.* The author illustrates this proposition by the case of a phthisical subject in whom the knee joint exhibited all the appearances of chronic inflammation. The synovial membrane was connected with the subjacent fat by a glairy, yellow exudation, and was thickened, though not injected; the cavity of the capsule was filled with healthy pus, a thin layer of which attached itself to the surface of the capsule; the semi-lunar cartilages were entire; the crucial ligaments were friable; the cartilaginous extremities of the femur and tibia were very thin, sharp, and their edges easily separable from the subjacent bone, and divisible into three layers. The brittleness of these "pathological cartilages" was remarkable. They were easily pressed, under the microscope, into an homogeneous, granular mass.

2. *The mode of cicatrization of typhus ulcers.* After the ulcerative process is at an end, and the so-called typhus ulcer appears clean, its bottom, situated in the cellular or muscular tissue, appears, when viewed under an oblique light, covered with an exceedingly fine and remarkable cuticle. This begins from the abrupt margin of the usually slate-gray-colored ulcer, and runs towards the centre of the ulcer, but does not entirely reach or cover this point. The membranous expansion which extends over the rest of the ulcer, is partly of a cellular, partly of a fibrous character, separate or mixed. The cells are round or elliptical, and seem to form fibres by mutual ap-

proximation of their homologous sides and the subsequent absorption of the walls of the cells where these are in contact with each other. In other cases fibrous bundles are observable, which appear to be prolongations from a single cell. The author's observations do not permit him to say positively whether this last species of fibrous formation is the origin of submucous cellular tissue, the former of the mucous membrane itself.

4. *Morbid deposits on the serous membranes in cases of protracted diarrhœa.* Every anatomist knows that viscid, thin, colorless exudation which appears as a layer on the free surface of the great serous membranes, in cases of exhausting diarrhœa. In children, more especially, this exudation is not a rare occurrence, and in the most of this class of cases is limited to the pulmonary pleura. The false membrane is easily obtained by stripping it off, though seldom in such purity and quantity as to allow an analysis to be made of it. Examined with the microscope, it appears an amorphous, gluey mass, amid which are discernible numerous round cells, one or both of the sides of which are prolonged into threads; the cells seem two or three times larger than blood-corpuscles, and appear filled with many pigmentous nucleoli. In many there was discernible a pale, round granule or nucleus, about the size of a blood-corpuscle; and this nucleus seemed sometimes made up of many granules. The ultimate constitution of this false membrane is consequently not easily determined.—*Br. and For. Med. Review, from Oest. Med. Wochenschrift, No. iii. Jan. 1842.*

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3. *Luxation of Cervical Vertebrae.*—Prof. Horner presented to the Class an example of recent occurrence of this rare and commonly fatal accident. A boy, Thomas Brierly, aged ten years, in clambering about an unfinished house, towards the latter part of November, missed his footing on the second floor, and fell through the stairway to the cellar, head foremost, a distance of twenty feet. He was stunned by the fall, and was found, as stated by the friends, with his head bent under his body. He was conveyed, senseless and motionless, to his home. He gradually regained his perceptions, but in an incoherent and perplexed manner. His head was much bruised by the fall, his neck was stiff and distorted, forming a large serpen-

tine bulge on the left side, and a deep concavity to the right; his face was inclined downwards to the right side. Circumduction of the head was arrested, and the neck motionless. The practitioner, Dr. Henry, who attended him in this stage of the injury, applied leeches to the part, emollients and frictions in succession.

In two days after the accident his common and accurate conceptions returned, but he was affected for some time with tingling and numbness in the left upper extremity.

At the period of his exhibition to the Class the deformity of the neck is still obvious, but much reduced; the rotatory motions of the neck can now be executed to some extent, but are much more to the right than to the left side. On tracing the line of the transverse processes of the vertebræ, the upper ones starting from the fourth are about half an inch forward of the lower, indicating clearly the advance of the vertebræ on that side, and consequently proving that the left lower oblique process of the fourth vertebræ had been luxated in advance of the upper oblique of the fifth, and was there fixed.

We may presume from this state of the accident, that the intervertebral substance there had been partially or wholly ruptured, and that the two vertebræ were held together by the other ligamentous attachments and by the muscles. An attempt at the replacing of such a luxation is viewed with great apprehensions by surgeons. Desault, in a case analogous, absolutely declined making the effort, for fear of the fatal issue; and it is related by M. Petit Radel, (Note Boyer *Malad. Chir.* vol. 4, p. 118,) that a young patient at La Charité expired in the hands of the surgeons, upon such an attempt a few days after the accident. This result is very intelligible, when we reflect that to disengage an oblique process thus placed, it is necessary to begin by increasing the inflection forwards, or, in other words, by augmenting the displacement, which must in all probability tear up more of the natural fastenings of the bones, and thus subject the spinal marrow to compression or even laceration. Under these circumstances Brierly was dismissed, with some general directions for his treatment, and the expectation that his youth would insure a still further erection of that part of the spine. At the period of his exhibition, say about six weeks after the accident, his general health was good; he enjoyed the use of all his faculties, and was going to school:—*Med. Examiner.*



4. *Condemnation of Myotomy in Spinal Deformities.* — M. Bouvier, we are glad to observe, in a memoir read before the Academy of Medicine in July last, and published in the *Annals of Surgery* for December, has exposed the utter fallacy and folly of M. Guerin's myotomic practice in cases of lateral deviations of the spine.

Our readers are probably aware that the "grand myotomiste" of Paris, attributes most all deformities, whether of the trunk or of the extremities, to a permanent contraction of certain of the muscles of the affected part: and, assuming this position as established, he very fairly concludes, that, if these muscles are divided across, the deformity will necessarily be lessened, if not entirely removed. M. Guerin seems to regard the human body very nearly in the same manner as a sailor does his ship. When the latter wishes to square any yard, which is much aslant, he lets go on the lee side the ropes which are called the *bracès*, and gives a pull upon those on the weather side. Just so does M. Guerin in his treatment of deformities; he cuts across the muscles and tendons which, according to his view of the subject, are *taut*, (to use Jack's phrase,) and looks for nature to give a pull upon the antagonist ones, that he had slackened.

If we could give credit to his own reports, his success has been truly marvellous; and certainly the rapidity with which, he tells us, many of his cures are effected, must add greatly to the value of his "belle decouverte." So simple, he goes on to say, is the operation which he performs, that he has divided nearly forty(!) muscles or tendons, (according to the sub-cutaneous plan,) in one patient at a single sitting. Good news for all the wry-backed, stiff-necked, club-footed people of the world! It is their own fault if they remain one day without being made as straight and upright as he of the silver bow.

It is certainly a curious feature of the surgery of the last few years, this passion for dividing muscles and tendons, or for myotomy, as the operation has been called. We suppose that all the squinting people in Europe have been cured by this time; and as for club-feet, they are never heard of now. Poor *Byron*! why were you born before the present day? many a vexatious moment might have been spared thee, had the star of thy nativity not arisen until the fourth decenniad of this century. But, alas! the fates are very wilful, and too often make use of any disease or deformity in the body to whip weak man for the follies or vices of his mind.

To revert to the subject from which we started, we are glad to find that some of the French surgeons themselves are inclined to oppose the absurd practice to which we have been alluding. M. Bouvier, after detailing several experiments on the dead body, with the view of ascertaining the truth of M. Guérin's theory of spinal deformities, very pertinently remarks: "These facts speak for themselves. Since the resistance of the spine remains the same after the division of its muscles, and since, on the contrary, this resistance becomes small, when the ligaments are divided, although the muscles are intact, it is evident that these latter cannot be taken into account; and we scarcely require any other arguments to prove the dissimilitude between curvature of the spine and genuine muscular deformities, in which the resistance ceases, at least in a great measure, after the muscles have been divided, whereas the section of the ligaments produces little effect, if the muscles remain intact. The fundamental character of spinal deviations is unquestionably attributable to a lesion of the osteo-ligamentous apparatus of the vertebræ, and not to a mere spasmodic contraction of the dorsal muscles.

"But, independently of the proofs furnished by post-mortem examinations, it is an easy matter to satisfy ourselves, that, during life, there is not any tension or resistance of the muscles on the concave side of a deformed spine. We have only to be on our guard not to let ourselves be imposed upon by the contraction of these muscles to make us believe that there is any permanent shortening of their tissue. When the person is standing up, the contracted muscles of the back counter-balance the weight of the trunk, and they may therefore exhibit at that time a degree of tension proportionate to their physiological shortening. Now this tension is most decided on the convex side of the curved spine, in consequence of the body leaning over to the opposite side. One would need to be strangely pre-occupied with a favorite idea to attribute this condition of the muscles on the the convex side to their abnormal retraction. If we try to bend the trunk in the opposite direction, then the muscles of the concave side appear to be stretched, because they then make an effort to maintain the equilibrium of the body."

M. Bouvier closes his memoir with the following two conclusions:

"1. The section of the muscles of the back is absolutely without an object, and cannot produce any useful result in deformities depending upon a lateral deviation of the spine.

“2. The treatment of such deformities must be based on remedying the shortened condition of the concave side of the spinal column, its muscles always retaining sufficient length not to present any resistance to the *redressment*.”

Here might terminate the examination of this question, for any one who will think for himself, and study the facts which we have mentioned, without any prepossessions or after-thoughts.

But M. Guerin and his disciples, ill at ease in the circle of positive pathological facts, have appealed to the results of their experience, and the success attending their practice; a species of argument which is certainly very convenient, since it dispenses with every other. But even on this ground, we are satisfied that they are completely at fault, that their vaunted successes have nothing real in them, and that experience will agree with theory in condemning the division of the muscles of the back in the treatment of spinal deformities.—*Med. Chir. Rev.*

[The most remarkable feature of the foregoing article, is, that the sentiments expressed have not become universal. The miserable empiricism so boldly propagated by M. *Guerin*, deserves the severest reprobation, and according to present indications, this celebrated myotomist will fall as rapidly into obscurity as he has risen into notoriety.—ED. IAN.]

5. *On the Treatment of Hemorrhagic Diathesis.*—In almost all cases the blood which escapes from the incised or lacerated surface is preternaturally fluid. A deficiency of fibrin certainly exists, and this deficiency continues to augment in proportion as the bleeding continues. The number of the blood-corpuscles seems also to diminish. The coagulable power of that fluid is seriously impaired, and if a clot at all forms at the orifices of the torn or incised capillaries, it is loose, spongy, and easily detached; while a fresh clot is formed with more and more difficulty, if at all. Increased density of coagulum (which is what we want) is well known to depend on increase of the proportion of fibrin in the coagulating blood, as occurs in the inflammatory diathesis. But the proportion of fibrin is not to be here estimated in regard to the general mass of the blood merely, but rather in regard to the blood-globules; it being only when excessive



in proportion to these, that the tendency to, and power of coagulation becomes most marked. Mere loss of blood produces a deficiency both of fibrin and globules, but not in an equal ratio. At first the latter are chiefly removed, and, consequently, at an early period of the case, loss of blood favors natural hæmoptysis, by increasing the proportion of fibrin and globules, and thereby augmenting the tendency to, and power of coagulation.

But the blood is not alone to blame. The capillaries and arterial tubes are deficient in contractility. In treating the disease, therefore, we must (as in the scrofulous diathesis, to which the hemorrhage bears a considerable resemblance,) prescribe a diet nutritious without being stimulating. Although the rapidity of many cases of hemorrhage preclude the possibility of any material benefit being derived from dietetic means, yet, seeing these are rationally indicated, it behoves us to avail ourselves of them.

The other means recommended by the author, are, acetate of lead and opium, given in heroic doses; and, if these disagree with the patient, sulphate of alum and potass, in doses of xv. or xx. grs.; nauseating remedies, and the sulphate of soda, which last he considers useful, by procuring serous discharges from the bowels, and thereby disposing the blood to "solid coagulation."

In regard to the relaxed condition of the capillaries, the author is of opinion that the acetate of lead will help to remove that state, while opium will calm the heart's action and the general circulation.

He is quite opposed to the actual cautery; and, as respects local treatment, would mainly rely on *pressure*, the bleeding part being first lightly touched with nitrate of silver. And, as "last, not least," in his list of remedies, he recommends *transfusion*, on the plain ground of the possibility of replacing, by this means, blood "lamentably deficient in both globules and fibrin," with blood sufficiently abounding in both.—JAMES MILLER, Esq., Edinburgh; *Lon. and Ed. Jour. of Med. Science. July, 1842.*

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6. *Interesting Case of Syphilis.*—Mrs. B., a married woman and a mother, had an unhealthy-looking ulcer on the nipple, which, at one time, was indolent, at another extended itself, and threatened to excise the nipple. An eruption subsequently appeared on the

other breast, and on the scapula, along with a large ulcer on each tonsil. The eruption consisted of many roundish spots, of the size of sixpences, of a dusky copper color, constituting, as plainly as possible, that form of lepra described by Bateman, as arising from venereal poison.

Some weeks before, a young woman had given birth to an illegitimate child, in the house of a mutual friend, Mrs. A. The woman either would not or could not suckle her infant, and Mrs. B. having at the time a child of her own at the breast, volunteered to give milk to the woman's infant, if brought to her house at particular hours. The child, a miserable creature, soon died; and it was after this that Mrs. B., as above described, presented signs of venereal infection. But Mrs. A., who, though married, had never borne children, and could, consequently, never have suckled the servant-woman's child, presented an ulcer of the nipple also, along with an eruption, differing, however, from that of Mrs. B., (which was decided leprous,) in being papular and covering the whole body.

On inquiry, it appeared that the infant of the woman had been covered with sores about the genitals and at every point. Yet the mother seems to have been healthy. It appeared also that the child, when sleeping with Mrs. A., had been used to apply its lips to her nipple.

Subsequently to the affection of Mrs. B., her own infant had a leprous eruption on the posterior parts, exactly similar to that of the mother. The author concludes—1, That a diseased infant may be borne by a mother *apparently* healthy; which must be admitted to be extremely possible. 2, That such an infant may, by sucking, communicate the disease to sound persons. 3, That the disease so communicated, may be followed by secondary symptoms. 4, That the disease may be different in such persons. That the disease imbibed may be communicated by suckling.—GEORGE LOWDELL, Esq., Lewes. *Med. Gaz.* June, 1842.

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7. *Tendency of Bad Living to produce Chorea*—by Dr. W. D. CROWNE.—Chorea is frequently attributed, and with great justice, to bad and insufficient diet; that diet, not sufficiently nutritious, may, by producing debility, lay the foundation for chorea, we may be as-

sured ; but it is necessary not to lose sight of another fact, that good and sufficient diet may, in a defective state of the health, fail to afford good and sufficient nourishment ; for it is not enough that proper food should be taken into the stomach, but it is necessary also that it should be properly dealt with when there, lest it should be converted into what is not merely without elements of a nutrient quality, but lest it should be converted into elements that are noxious. It is scarcely possible in practice, whether with regard to children or with regard to adults, to give this fact too much consideration. We perceive that all the three patients to whom I have directed your attention, had good and sufficient food, including meat once every day. In one instance (the girl) the appetite was good, and there was no sensation of indigestion until just prior to her coming into the hospital. In another, (Godfrey,) the appetite was delicate, but the digestion, so far as the patient's sensations were concerned, seemed not to be good. A third patient, (Watson,) had a good appetite, and he did not have any sensations, leading him to consider that his digestion was defective ; yet in all these the dejections, when active purgatives were given, proved to be unnatural ; and one patient, the girl, says, that although her appetite was good, and before she had any feelings of bad digestion, yet even under these seemingly satisfactory signs, she had observed that what she took passed undigested. We have in this particular, demonstration, in our three little patients, of that which so often happens, and lulls persons into false security, assuming that the vital functions are all going on healthy, because there is no striking, flagrant, self-evident demonstration of the contrary.—*London Lancet*:

Since 1830 we have been fixed in our hostility to the *diète absolue* so rigidly enforced by Broussais and his followers, and every day brings to light new proofs of its prejudicial effects. Scarcely a periodical, or a new work on any medical subject, reaches us, but contains a direct or indirect protest against it ; and we constantly meet, in practice, with additional evidence of the evils that result from insufficient or improper nourishment, and there cannot be a doubt that the ascription of chorea, in many instances, to the one or the other, is correct. We have often seen cases in illustration and proof of it.

In the treatment of chorea, physicians have relied too exclusively



on purgatives or tonics. Neither of these classes of medicines, used separately, will generally succeed. We purge with calomel, rhubarb, aloes, scammony, etc., until the chylopoetic secretions are corrected, and this we ascertain by the stools, which are then of healthy color, odor, and nearly of healthy consistence, and then give tonics, generally chalybeates, and solid nourishment, that is easy of digestion. Purgatives, unsucceeded by tonics and proper food, leave the patient liable to relapse, and tonics given before the rectification of the chylopoetic secretions, are always very tardy in producing any good effect, and they have very gradually, in our practice, proved altogether useless.—ED. RECORDER.

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8. *Muriate of Ammonia in Hemisrania*.—Dr. Watson, in his Clinical Lectures, thus speaks of the muriate of ammonia in hemisrania: "It is well worth knowing, that muriate of ammonia is most serviceable in this form of hemisrania. Of the remedial properties of sal ammonia very little is known, at least very little was so until lately; its efficacy, and the mode of administering it, were first made known to me by an old apothecary of this city, who had, in innumerable cases, found it a sovereign cure. It should be administered in doses of half a drachm, or a scruple, and you will find that where persons complain of pain in the jaw and the whole side of the head, the pain freely yields to this dose of muriate of ammonia. I may add, that in Germany this medicine is used in many cases where we use mercury, and for the same purposes, as in hepatic affections, and that it produces the required results, without any of the inconveniences attending the use of mercury."—*Prov. Med. Jour.*

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9. *Hindoo Physicians*—by O. R. BACHELER, M.D., Missionary in Hindostan.—The practice of medicine among the Hindoos was formerly, no doubt, principally confined to the Brahmins, or Priests; yet at present the profession is composed of several castes, although the Brahmins are by far the most numerous. As a body, they are probably quite as intelligent and well informed as any other class.

A person acquainted with the medical humbugs of civilized countries, would not be surprised that the unambitious Hindoo practitioners should sometimes resort to jugglery when more honest means have

failed ; yet I think humbugging is not so common among them as might reasonably be expected. Their system of medicine, so far as it extends, is perhaps as systematic and precise as the systems of the most classic authors. Their means of information are exceedingly limited. By the principles of their religion they are deprived of the opportunities of dissection, the touch of a dead body being considered pollution. Consequently they know nothing of anatomy but what they learn from the living subject. Of course many of their principles are exceedingly erroneous ; yet their method of reasoning from what they know, clearly indicates that they are close observers of the phenomena of the human system, both in health and disease. Their materia medica comprises a vast collection from the vegetable, mineral and animal kingdoms, and their pharmaceutical preparations and combinations are innumerable.

Surgery, of course, is a science almost entirely unknown. In most surgical cases the patient is left entirely to the operations of nature. Suppuration invariably follows the slightest wounds. They know nothing of healing by the first intention. Midwifery is generally practised by females.

Any person, of whatever caste, may become a regular practitioner by making himself acquainted with the prevailing system of medicine. Their medical books amount to several volumes, and the time necessary to become acquainted with their system varies from one to two years, according to the ability of the student.

The proportion of practitioners to the number of inhabitants, is very great. Probably not less than one per cent. are physicians. Indeed almost every village contains one or more. Their emoluments vary with the different classes among whom they practice. A respectable physician, of this city, informs me that in case of severe illness he gets from twenty-five cents to one dollar, provided he cures, but if he does not cure, he gets nothing, not even for his medicine. In country places, of course, the fee is far less.

Their means of diagnosis in obscure diseases are various, but the two principal are the pulse and urine. All diseases are divided primarily into three classes ; viz. rheumatic, bilious, and phlegmatic. These several diatheses are indicated by the variation of the pulse, which they suppose to be air pervading the system, and the different appearances of the urine.

The *rheumatic* diathesis is indicated by an irregular, full and

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slow pulse, resembling in its motion the swimming of an alligator or a fish, or the running of a snake. The urine is colorless, and a drop of oil dropped into it spreads out into irregular lines.

The *bilious* is indicated by a quick, full and bounding pulse, resembling the walking of a goose, or a peacock, or a dove. The urine is slightly colored, and the drop of oil remains stationary.

These three classes may be combined to an almost infinite extent, forming a multitude of distinct diseases, divided into various orders, genus, species, etc., which are severally indicated by the combination of the symptoms common to the three primary diatheses. Perfect health is the equilibrium of the rheumatic and bilious disease.

However erroneous many of their principles must necessarily be, yet they are certainly oftentimes very correct in their diagnosis, and not unfrequently very expert in the cure of diseases.

*Balisore, Hindostan, Aug. 12, 1842.*

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10. *Medical Classes.*—The [following is the *reported* number of students in some of our Medical Institutions. As it is not *official*, however, it may only approximate the truth.

University of Pennsylvania, 360 ; Jefferson Medical College, 220 ; Pennsylvania Medical College, 104 ; University of the State of New York, 230 ; College of Physicians and Surgeons, New York, 120 ; Transylvania University, 200 ; Louisville Medical Institute, 180 ; Medical College of Ohio, 130.

The decrease of pupils in Medical Institutions, generally, is doubtless attributable to the scarcity of money.



# THE WESTERN LANCET.

CINCINNATI, FEBRUARY, 1843.

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## MEDICAL DELUSIONS.

SOME very kind and considerate friend has sent us a copy of an insignificant and abusive paper, published by the steam-doctors of this city. The number before us contains a letter from a respectable clergyman of this city, to which attention is drawn by marks on the margin, for the purpose, we suppose, of eliciting a notice. We must beg to be excused, however, for declining to enter into any formal notice of this letter, for two reasons; first, because there is little, if any thing, in the letter worthy of consideration; and, secondly, the medium through which it appears, forbids a professional notice.

But should the curiosity of our readers be excited to know the import of this medico-clerical document, we will briefly state its contents.

Said clergyman "exerted himself unusually at church," which produced "a free state of perspiration," and "going home through a damp and chilly atmosphere," unfortunately, it "suddenly closed the pores of the skin." But it seems this desperate state of things was not destined to last, as the gentleman called on a *steam-doctor*, who gave him "one course of medicine, occupying about three hours," which consisted in steaming, vomiting, and stimulating; (essentially the "thunder and storm system, where fire and water, lobelia and red-pepper, play their terrific parts;") whereupon the said clergyman felt as though he could "leap over a wall," the medicine having "acted like a charm on his physical and *intellectual* system." And as a *finale*, he "would *affectionately* advise *all* who are suffering as I was, to do as I have done, and find immediate relief."

The only *wonder* perceptible about this whole matter, is, that any

sensible man would think it necessary, or compatible with common sense, to make a newspaper story out of a sweat to cure a cold—a *feat* performed daily by every kind matron of our country, and which is really about the most simple process connected with domestic medicine.

Apropos, is it not true, that an individual may be a very *good* clergyman, and at the same time a very *poor* doctor? And is it not also true, that two persons who may have “the pores of the skin closed” by cold, will, in consequence of constitutional predispositions, be *very* differently affected, and that an indiscriminate “thunder and storm” treatment, would often prove absolutely destructive? If so, is there not an awful *moral* responsibility attending such recommendations as we have noticed; and is not the individual who assumes such dictation, ignorantly playing with the implements of destruction?

We dismiss this letter, but append a few general observations on another branch of the same subject.

The claims of *Medicine* to the confidence of the community, rest upon its *TRUTH*. We assume the broad but tenable position, that the great principles of medical science, as now taught, are true; that the organization of man, the laws that govern his system in health and disease, the effects of medicine, and other physical agents, establish beyond doubt a true explanation of the phenomena of life and disease, and as a correlative, a true system of practice, so far as any natural science can be perfected by human philosophy. Why, then, is not medical science, and the authority of the physician, universally respected? and why is it that the most shallow devices and obvious impositions are often encouraged by enlightened communities, while the scientific physician is spurned and contemned? These causes are, to a limited extent, connected immediately with *the profession*, but they are *chiefly* derived from other sources, a few of which only can be adverted to here:

In relation to the profession, there is a lamentable want of *united action*. The interests of the profession are common; and in proportion as a part of its honorable members are traduced, in the same ratio will be the depression of the whole body. Not more inseparably united in sympathetic association are the various organs of the body, than are the members of the medical profession. If there should be misconduct on the part of one individual member, or a misconstruction should be placed upon his professional acts, it is con-

strued into evidence of defective science, and denunciations are uttered against the whole profession.

Opposing views in practice, among regular physicians, induces the belief that one of the parties is in error, and weakens public confidence in the whole system; hence, neither the patient, nor his friends, should at any time nor under any circumstances or pretences be permitted to know any differences of opinion, that may transpire in consultation. These differences are usually merely nominal. For example, we have known good practitioners to differ as to the most judicious modes of reducing arterial action in a given case, one advising bleeding, the other tartar emetic, and other reducing remedies. In such cases the ultimate effects would have been the same, although the *public* would have construed it into an irreconcilable difference, and decidedly proving uncertainty in medical practice.

In all the varying aspects of professional relation to the public, there should be, and we rejoice to say, usually is, a mutual sustenance and defence, and protection from unjust imputations and injurious charges. There should be an *esprit du corps* in all our intercourse, at all times, and under all circumstances. Malicious assaults upon our brother practitioners should be repelled as promptly as those aimed at ourselves; or if we possess not the requisite facts to sustain his character, or conduct, a due reserve would at least indicate common prudence, and the inuendoes or indirect aspersions of ill-disposed persons should be promptly discountenanced.

But the opposition to regular practice is to be looked for beyond the profession, although the circumstances to which we have referred exercise some influence, especially as a *remote cause*.

Ephemeral systems of medicine, clamorous for public favor, have diffused abroad their contaminating influences in every age, but they have uniformly been characterized by three prominent and essential traits, which served to identify their origin, viz., *cupidity*, *ignorance*, and *impudence*. These elements form a triple compound as essential to the composition of a *quack*, as they are incompatible with the character of an enlightened physician. *Cupidity* is manifest in their inordinate love of gain, and the criminal means employed to secure their object; *ignorance* is exhibited in the false and ruinous principles upon which they act; and *impudence* sits the demon monarch on the empiric's throne. These systems have not been idle. Could the murdered millions testify, their voices would come as the loosen-



ed thunder of ages, and startle even the seared conscience of the empiric. And although its weapons of death have been steeped in blood from the earliest period to the present time, still the reeking demon is insatiate ; still he pants for new victims, and as his cunning eye glances around for other objects, the groans of the departing one dies unheeded upon his callous sense. Reckless of results, he wades through blood to the golden heap, and in fiendish mockery proclaims himself *a benefactor!!* Far better to drive reason, justice, morality, and conscience from the earth, and plant the black standard of perfidy high on the mountain's top, and there let the bloody ensign wave in mockish triumph over desolated nature, than call *that* benefaction.

But let these pretended philanthropists be divested of their native trickery and characteristic insignia, and no better evidences of their fiendish propensities can be required than their personal attacks on individual physicians. Not satisfied with denunciatory epithets applied to the whole profession, they sharpen their barbed arrows, and dip them deeper in malevolence, and hurl them at him they most dread, or who dares to speak the truth in a bold and open manner. Thus may the brightest ornaments of the profession be traduced and persecuted by a *villainous conspiracy*, alike reckless of means and of consequences. Here the cloven foot is uncovered. Cupidity and malevolence urges them one step farther than prudence would have dictated, and the whole scheme, and its moving cause, is exhibited in naked deformity ; and, although its Protean forms may mislead for a time, yet it can easily be traced to the same polluted fountain, viz., degraded and envious empiricism.

By these unceasing efforts the public mind becomes poisoned ; ordinary events, and uncontrollable accidents, are tortured into the most fearful forms ; truth is perverted, the unsuspecting deceived, and science injured.

It may safely be assumed as an axiom, that physicians have *rights*, inalienable and eternal rights, which can be fully secured without trespassing on those peculiar to other persons or professions. They have a *right* to appropriate to themselves, and to receive from others, the presumption of an acquaintance with medical science superior to those who follow it as a *trade*, without competent education. And they have also a *right* to control a case of disease or accident, which may be entrusted to their care, according to the principles inculcated by medical science ; and if from accident, disobedience, or

imprudence of the patient, or other unforeseen events, unfavorable terminations take place, the physician who has used competent means to acquire scientific knowledge should be exempt from censorious epithets, or legal accountability. It must be remembered that medicine is not an exact science, and in the management of any case, occult causes and inappreciable contingencies may so operate as to thwart the most judicious efforts. These circumstances, to say nothing of the disobedience of patients, often subject the practitioner to censure, when no power short of omnipotence could have changed the issue. For these and other reasons, the physician has, or should have, a *right* to exercise the duties of his profession and be exempt from the inquisitorial tribunal erected for the adjudication of imputed errors.

We can only allude here to some of the means for correcting these manifest wrongs. In the first place, physicians must be true to themselves. We have a common interest, and upon the proper maintainance of that interest is based professional respectability, the advance of science, and the security of the public for competent advisers. *Unity of action* only can sustain the medical profession. When we learn to be true to ourselves, the *ad captandum vulgus* tribe will be reduced to their appropriate sphere, truth will prevail, and falsehood and vituperation will no longer seek to destroy physic.

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NEW TREATMENT OF HERNIA.—In the 26th No. of the Boston Medical and Surgical Journal is an article, with the above title, which purports to give a new treatment for the radical cure of hernia. The author, Dr. Heaton, remarks—"In order to excite the necessary irritation in the parts immediately concerned, I inject, with a very delicate instrument, invented for the purpose, an exciting fluid." The object is to excite adhesive inflammation, by which the opening may be closed; but the mode of accomplishing this very desirable object is left almost entirely to conjecture. The form of the instrument, the nature of the *exciting fluid* injected, and other necessary details in the mode of operating, are unfortunately omitted. It will be a matter of but little gratification to the profession to be told that a certain operation has been successfully performed, while they are

not instructed how to go about it themselves. We hope Dr. Heaton will favor the medical public with something more definite on this interesting subject.

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YELLOW FEVER AT ANTICUA.—Intelligence has been received, that the yellow fever has been for some time raging at Anticua, and that the English physicians resort to large doses of *sulphate of quinine*, as the most successful remedy.

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THE MEDICAL EXAMINER.—This excellent periodical will hereafter be issued semi-monthly, under the editorial charge of Meredith Clymer, M.D. The well known abilities of Dr. C. is a sufficient guaranty, that the Examiner will maintain the high reputation which was attained under the management of its former distinguished editors.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.—This excellent Journal comes to us, at the commencement of the xxviii. volume, greatly enlarged and improved. This improvement entitles it still more to the patronage of the profession, and we doubt not it will be fully appreciated.

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THE MERCURIAL PANIC.—A paragraph, condemning in the strongest terms, what the writer was pleased to designate the *abuse of mercury*, has been freely exhibited to the *public*—that tribunal which is so much to be relied on in medical questions! The sentiments expressed were attributed to Prof. Chapman, and many were the anathemas heaped upon the head of that venerable physician. The profession became indignant, the public was thrown into awful consternation at the astounding developments, and the steamers *puffed* with more than their usual force. A calm having finally succeeded the storm, it is now discovered that the paragraph in question was a sheer fabrication, the *story* having first been put in circulation by a contemptible little *Thomsonian journal* in Indiana.



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ORIGINAL COMMUNICATIONS.

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ART. I.—*Cases illustrative of the Influence of Carbonic Exhalations from the Combustion of Charcoal, for the Manufacture of Sal Æratus*—By C. WOODWARD, M.D., of Cincinnati, O.

Case 1. On the 19th of January, I was called to see the wife of Mr. S., living in the next house to a large building devoted to the manufacture of Bicarbonate of Potash, (Sal Æratus.) Mrs. S., who had been married but two or three months, was about twenty years of age, and possessed of a highly nervous temperament. She had been subject to occasional headaches, and other slight indispositions; rarely of sufficient severity to require professional advice. On the present occasion, however, her sickness assuming an unusual character, my assistance was required. For several days, it appeared, she had experienced a sense of *malaise*, without the attention of her husband being excited by any distinct evidence of disease; but on the evening of the present date, in attempting to leave her bed, she sunk to the floor, with a half-convulsive shudder, and, for a short time, remained in a state of complete syncope. From this state of insensibility she soon recovered, and before I arrived, was entirely restored to her consciousness. I found her circulation irregular and excited, and attended by painful throbbings of the temporal arteries; distress in

the top of the head and vertigo. Her extremities were inclined to coldness, requiring artificial heat, and her pulse contracted, feeble and frequent.

Though, in her case, the pain in the head was so severe as to excite some apprehension of arachnitis, no delirium at any time manifested itself. Moderate venesection, mild cathartics, cold to the head, and warmth to the extremities, had, by the following morning, produced considerable, though not entire, relief; the cerebral distress and irregular distribution of the circulation, in some degree, still remaining. For a day or two, she, however, continued to convalesce, though, upon the subsidence of pain in the head, the alimentary tube was affected, for a short time, with troublesome tormina. A recurrence of these effects, though in less severe degree, again presented themselves, as will presently be seen, on the 26th inst.

Case 2. On my morning visit to Mrs. S., on the 20th inst., I found Mrs. —, a young married lady, lying by her side in the same bed. She had only that morning visited her sick friend, and while rendering her some friendly attention, experienced a sense of approaching syncope, which compelled her quickly to retire to bed. She soon, however, recovered, and was able to return home, suffering, I believe, no further inconvenience.

Case 3. On the evening of the same day, (20th inst.) I was surprised to find Mr. S. complaining severely of pain in his head, though his nervous system did not as yet appear to be generally affected. This gentleman is gifted with a hearty and vigorous constitution, with a temperament of the sanguineous nervous character. He has never been subject to headache, or any other constitutional infirmity. For greater convenience, I shall presently group his case with several others.

Case 4. Mrs. R., the mother of Mrs. S., an aged lady, whose temperament, like her daughter's, was of the nervous stamp, had, for a short time, been residing with the family. She had long been subject to periodical headaches, attended, at times, with considerable gastric irritability. She also I found in the same chamber with Mr. S. and his wife, complaining, as she supposed, of an unusually severe attack of her ordinary indisposition. Unsuspicious of any unusual cause for their suffering, both she and Mr. S. declined my proffered assistance, attributing their indisposition to some article of diet they had partaken of, and not for a moment suspecting the true origin of their complaints.

About 11 o'clock the same evening I was hastily recalled to the house of Mr. S., and was ushered upon a painful scene of distress and confusion. Mrs. S. was still in bed, entirely free from mental excitement; she was, also, more relieved from pain, and had a less irregular circulation, than at any previous visit. Her aged mother, (case 4,) was sitting up in bed by her side, with pain in the head, and sickness of stomach greatly increased; she was also troubled with diarrhœa, and her general distress seemed almost insupportable. On a pallet, thrown hastily on the floor, lay Mr. S., restless, and tossing from side to side; at one moment protesting he was "never better," laughing earnestly at the idea of physic and the doctor, and almost exciting a smile by the jocularity of his delirious ravings. Suddenly, by a rapid transition of mental perception, he could appreciate his condition, and his sensibility of pain he fully experienced. He would then complain of his head, of sickness of stomach, of intestinal irritation, and of a disposition to alvine dejections. At such lucid moments he would freely join in conversation, and attempt to account for the singular condition of the family: discussing with calmness the improbability of any poisonous admixtures in their articles of diet. It was, in fact, during one of his intervals of sanity, that he suggested the possibility that the sickness of the family might arise from noxious gases from the manufactory of sal æratus, which had recently been established next door to his house; though, as he had never perceived any unpleasant fumes to arise, he could not account *now* for the supposed effects. These lucid intervals soon again gave place to delirious exhilaration, and to entire insensibility of his bodily sufferings.

Case 5. On the same pallet with Mr. S., lay a Mrs. R., another relative of his wife, who, on hearing of the sickness of the family, had that afternoon visited them. Some hours had elapsed, before she experienced any inconvenience; she was now, however, affected similarly, though more severely than some of the rest. Her mind was calm and clear, without a shade of alienation, though her cerebral distress was great; her dyspnœa, retching, and vomiting, together with her extreme prostration, made her truly an object of commiseration. Though she remained in this state nearly all night, she was able, in the morning, to return home.

Cases 6 and 7. These were two ladies who had kindly volunteered their aid to the family, and had but a short time been in the



house. One of them, in going to the kitchen to procure something for the sick, fell upon the floor in complete syncope; in this state she remained for a few minutes, when she was restored by the cold dash. She was afterwards, as far as I learnt, neither affected with nausea or headache, or any of the symptoms characterising the other cases. The other, (case 7,) was but slightly influenced by the noxious agent; a feeling of faintness and slight hysterical excitement being the only evidences of deranged system; she conceived, indeed, that her symptoms could have readily been produced by mental agitation. Two or three gentlemen were, for a short time, in the house, during the above scene, but they experienced no apparent inconvenience.

Case 8. On the same evening, about 9 o'clock, I was hastily summoned to visit Mrs. R., another relative of the family, but living in a distant part of the city. She had, about two hours before, returned home from a visit to the house of Mr. S. During her short stay of a few hours, she had experienced considerable headache and sickness of stomach, together with such feelings of general indisposition, that she was compelled to return home, a distance of more than a quarter of a mile. This walk she with great difficulty accomplished, in consequence of nausea, vertigo, and prostration of strength. I found her suffering from severe cephalalgia, oppression of the thorax, with dyspnoea; incessant and painful efforts to vomit; and her muscular powers greatly enfeebled.

I was utterly at a loss how to account for this strange succession of cases, all possessing such an individuality of character, for the suggestion of Mr. S., concerning the factory, had only that evening been made, and an opportunity of corroborating the opinion, had not as yet been afforded. Still apprehensive of some poisonous injesta, I again renewed my inquiries respecting the diet of the family she had just visited, but I gained no satisfactory information. An emetic was, however, administered, which operated freely, and appeared to produce considerable relief, probably by exciting a new chain of nervous sympathies. The distressing symptoms of my patient continued until towards morning, when I found her well enough to attend to her culinary duties.

I mention these sudden changes from severe suffering to the entire establishment of the healthy functions, because I believe, on some authority, that it may be considered in a degree pathognomonic of the effects of carbonic oxide, when mildly excited, over the nervous

system, in contradistinction to the effects of carbonic acid, when similarly applied. It may here properly be added, that all the cases occurring among the visitors at the house of Mr. S., were in like manner *temporarily* affected, and were, without exception, the next morning able to return to their respective homes. Even Mr. S., notwithstanding the great derangement of his nervous system, had, on my morning visit, gone out to his daily avocation.

Mrs. S., as before remarked, continued slowly to convalesce for a day or two, suffering only from alimentary distress. On the morning of the 26th inst., however, I was recalled to see her, and found her suffering with a renewal of her vertigo, and pain in the head. On the afternoon of the same day Mr. S. and the old lady, who still remained with the family, were affected as they had been in their previous attack. The symptoms of Mr. S. gradually increased from severe headache to a decided delirium, which partook of the same joyous exhilarating character it manifested before.

Case 9. Was a stout and healthy looking German girl, who had probably entered the house on the 25th or 26th inst. During the continuance of the second attack of the family, she swooned away, and suffered in other respects like some of the rest. This case I did not see, as it occurred after my evening visit; and on the following morning, the 27th inst., the house was vacated; since which I have heard of no renewal of sickness among those who had suffered.

To establish the opinion expressed by Mr. S. more firmly, it may be well to state, that a man, at work in or near the factory, was about the same time severely affected, and I am informed had to be carried home; in what state of system I do not know.

Although, as yet, I had neither visited, or procured any analysis of the gaseous products yielded by the processes of the neighboring establishment, I was forced, by the consideration of the whole subject, to the expressed opinion, that these anomalous cases could only be produced by the escape of carbonic acid, or some other deleterious gas.

A petition was forthwith presented, by the neighbors and others less immediately interested, to the City Council, begging that the factory established for the manufacture of Sal *Æratus*, at the corner of Third and Western Row, should be considered a nuisance, and that an order for its removal be issued.

This request was promptly acted upon, and the proprietor required

to suspend, and remove his apparatus. This action brought forward a remonstrance from the owner of the concern, with the request that a committee of inspection should visit the establishment, and report, before the action of the council should be complied with. Such a committee was accordingly appointed, consisting of certain members of that honorable body, such, I believe, as belonged to the ward in which the factory was located. In addition to this committee, Doctors Locke, Warder, and myself, were requested by the opposing parties also to attend.

From the investigation of these gentlemen, it was made to appear, that the carbonic acid gas used in the conversion of carbonate of potash into the bicarbonate, was generated from charcoal, ignited in close oblong furnaces, from which it was conducted through pipes to the chambers containing the crude potash. After thorough saturation of the alkali, the surplus gas was passed off by an escape tube reaching above the roof of the house. The chambers containing the potash, in layers, for the action of the carbonic acid, were found apparently well protected against accident, the walls being plastered with three coats of lime, and the flooring secured against the probability of gaseous escape, by a stratum of brick, covered with cement, underneath the ordinary plank. Many of these arrangements had been completed very recently, and since the effects of the gas had been experienced by the family of Mr. S. In explanation of those effects, we were informed by the proprietor, that before his fixtures were entirely completed, he was in the habit of allowing the surplus gas, instead of passing it off by a tube reaching above the roof, to escape through the doors of his chamber, into a large unoccupied room, separated by a thin and insecure partition from another large apartment occupied as an occasional workshop. This was again separated by a badly built wall from the dwelling of Mr. S. It was supposed that the noxious gas, after escaping from the chambers into these vacant rooms, found its way through the fissures of this wall into the next house, and there produced the effects already detailed.

I have been induced to throw these hasty observations together, because the occurrence of gaseous poisoning is rather unfrequent in this country, and is therefore a subject of greater importance to the American toxicologist. The variety of effects produced on the nervous system of the different cases, dependent, no doubt, in some degree, upon constitutional temperament, has also been to me a consid-



eration of interest. The majority of the sufferers, it will be recollected, were affected with acute pain in the eucephalon, vertigo, and severe gastric and intestinal distress, showing the agency of the great sympathetic nerve in the train of functional disorders. Three had brief though complete syncope, without either directly or indirectly affecting the other organic functions. One was very partially affected by faintness and slight hysterical excitement; and one suffered from great cerebral distress, alternating with insensibility to pain and deleterious exhilaration.

To what specific gaseous product these effects were attributable I confess myself not sufficiently familiar with chemical analysis or toxicological investigations satisfactorily to decide. I think it evident, however, they are fairly referable either to the action of carbonic acid, or carbonic oxide; the last of which would, under certain circumstances, be freely generated during the combustion of charcoal. To which of these two gases the noxious influence in the present case may be properly ascribed, can only be deduced from symptomatology, or a correct analysis of the carbonic exhalations, produced by the process pursued in this factory. The inferences drawn from symptoms, especially where such varied effects were presented, must be in a degree unsatisfactory. It is by analysis alone we can arrive at correct conclusions; and to Dr. Locke, who is about testing a portion of the gas, generated in this factory, we may, I hope, with confidence, look for a further elucidation of the subject.

That the phenomena here presented could not have been produced by carbonic acid alone, appears to me highly probable, from the greater suddenness and severity with which it is well known that gas is capable of acting. Its influence over the respiratory apparatus in promptly producing death from suffocation, when acting in a concentrated form by inhalation, has long been familiar to the profession; and to Christison, Fodere, and others, we are indebted for some valuable cases illustrative of the subject. But the effects of this gas, when freely diluted with atmospheric air, are, according to Christison, very different; for he remarks, "the symptoms then resemble apoplexy." This opinion he sustains by several quotations of cases from M. Chomel, M. Collard de Martigny, and others, (see p. 597.) From the history of some of these, it appears that the "first effects are slight oppression, then violent palpitation, and next confusion of ideas, gradually ending in insensibility. Tightness in the temples,

and an undefinable sense of alarm; have also been remarked as the incipient symptoms, but others, according to Orfila, "have on the contrary experienced a pleasing sensation, that seduced them to remain on the fatal spot." Occasionally this apoplectic insensibility is followed by a stage of delirium, sometimes of the furious kind, or a state resembling somnambulism." This brief exhibition of the effects of carbonic acid, when compared with the symptoms of the above cases, fails, in my opinion, to substantiate any identity of causation between them, and compels me to seek in another gaseous compound, (carbonic oxide,) for an explanation of their phenomena. Might it not also be urged, that unless the amount of carbonic acid in the atmosphere was very large, its specific gravity (1.5196) would, by confining it near the floor, and thus allowing its gradual dissipation, prevent any of the effects attributable to this agent, unless a low recumbent position was maintained?

Although from Dr. L. I have not as yet procured an *exact* analysis of the gas generated, he has been able to inform me that he has discovered a very large proportion of the carbonic oxide; and he has expressed the opinion, that to it should be attributed the above phenomena. In referring to Christison and Orfila, the only authorities at my command, I find the subject of poisoning by this gas very briefly and unsatisfactorily treated; and as but few recent cases have been reported, the difficulty of arriving at any satisfactory conclusions from analogy, renders our inferences somewhat more doubtful than is desirable.

Carbonic oxide is composed of forty-three parts of carbon and fifty-seven of oxygen. It is produced by the partial decomposition of the carbonic acid by the red-hot charcoal; the carbonic acid being thus converted into the gaseous oxide of carbon. It is lighter than air, its specific gravity being only as 0.96783. For its general properties, however, we refer to more systematic authorities.

Experiments with this gas, made by M. Nysten, upon dogs, proved, 1st, "That the gaseous oxide of carbon produces by its mechanical action, when injected into the veins, much more disturbance *cæteris paribus* in the circulation and respiration, than the carbonic acid; that the pains which it occasions appear to be disproportioned to those which a body, whose action depended only on its gaseous form, such as the atmospheric air would give rise to, which induces a belief that it possesses a peculiar influence over the nervous system.

2d, That it acts more particularly, when respired, by opposing an obstacle to the chemical phenomena of respiration, and that it ought not to be regarded as deleterious *per se*." It was also satisfactorily ascertained, "that after the cessation of the symptoms resulting from its mechanical action, it leaves behind it a disturbance in the functions of animal life, which appears to be dangerous, but which speedily subsides." Other phenomena presented by its influence over the animal economy, are reported by M. Nysten; but the above are quite sufficient for our purpose, inasmuch as they strongly corroborated the opinion expressed concerning the probable action of this gas, in the cases under consideration.

The strongest evidence of its action on the nervous system was presented by all the different cases, under slight varying aspects, both as it respected the character and severity of the symptoms; these variations being, I think, easily accounted for by the difference of constitutional temperament. In all, the functions of animal life were seriously disturbed, so as to threaten the most fatal consequences. These alarming effects, however, as was the case in M. Nysten's experiments, soon subsided, leaving behind them nothing to excite an apprehension of future consequences.

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ART. II.—*Additional Remarks on the Nature and Influence of the Gas referred to in the preceding communication.*

[Professor Locke, having examined the gas referred to in Dr. Woodward's communication, has very obligingly furnished the results for publication.—ED.]

*To the Editor of the Western Lancet.*

SIR—In compliance with your request, I proceed to give you some account of an examination which I made of the gas used in a Sal Aeratus manufactory; which gas was undoubtedly the cause of the symptoms detailed by Dr. Woodward.

Some weeks since I was called upon, in company with Doctors Woodward and Warder, to examine the manufactory at the corner of Third Street and Western Row, which had been complained of, to the City Council, as causing, in a contiguous house, syncope and



other symptoms detailed above. When these symptoms occurred, there was, as I am informed, only a brick wall plastered on one side, separating the room in which the gas emanating from burning charcoal was contained, and that in which the unpleasant symptoms occurred. Since that occurrence the gas room had been plastered very thoroughly, and been made very tight about the floor; and although it was probable that no injurious quantity of poisonous gas, after this improvement, would be transmitted into the dwelling department, still I did not feel willing to take the responsibility of recommending to the family, who had very properly removed, to return, until an experimental examination had been made. I was, however, decided in the opinion, that no injury would result to the neighborhood from the escape of the poisonous gas into the air above the roofs of the buildings, in the manner of the escape from a chimney or a stove pipe, as the same gas is thus thrown off from every chimney in the city.

From Dr. Woodward's account of the symptoms and circumstances, I was of the opinion that the effects had been produced, not by carbonic acid, but by carbonic oxide; and this, from an analysis of the gas which I afterwards made, proved to be the fact. So interesting did I consider the cases of Dr. Woodward, that I solicited him to communicate them to the public, even before I had examined the gas.

The gas used at this manufactory was generated by the combustion of charcoal in tall cannon-shaped stoves; the quantity of coal being so great, and the supply of air so small, that active combustion did not reach the top of the coal, nearly all the oxygen being exhausted by the lower portion of the combustible, the upper part being black and not ignited. The object of the manufacturer was, completely to saturate the air with carbon, or, in other words, to convert all the oxygen of the air into carbonic acid, not being aware that in such a smothered or choaked combustion, *carbonic oxide*, and not *carbonic acid*, would be to a large extent produced.

In order the better to understand the matter, I went to the manufactory when it was in active operation, and procured some of the gas from a room into which it is conducted previous to its introduction to the room containing the carbonate of potassa intended to be acted upon. I was not long in finding evidence of the presence of carbonic oxide. As I removed the iron lid from the top of one of

the burning stoves, atmospheric air was drawn in, and as soon as it reached the top of the ignited coal, a partial explosion ensued, attended with a *lambent blue flame*. After boring a large gimblet-hole through the gas-room door, I held a candle to it, upon the outside, to ascertain whether the gas of that room pressed outward or the atmosphere pressed inward. I found not only an outward pressure, but that, as the stream of gas from the hole passed through the candle-flame, it burnt with a blue flame of its own. Carrying the gas to my laboratory, I found that it would instantly extinguish a burning candle, and that in a close vessel by itself it was incombustible; but on mixing with it one-fourth of its bulk of oxygen, and setting fire to the mixture, a lambent stratum of *blue flame* glided beautifully from the top to the bottom of the jar containing it. On testing a portion of the gas for carbonic acid, I found none! But, on mixing with it the above proportion of oxygen, and burning it in the eudiometer, *carbonic acid* was generated by the combustion. Now a gas burning with a blue flame with oxygen, and producing carbonic acid by combustion, can be no other than carbonic oxide.

My next step was to ascertain the quantity of this oxide. For this purpose I exploded a measured quantity, mixed with one fourth of its bulk of oxygen, and washing out the carbonic acid by a caustic alkali, measured the residual gas. By this means I found that 25.2 parts of the gas from the gas-room contained 2.3 parts carbonic oxide, the rest of the gas being chiefly nitrogen.

From the circumstances, it is quite evident that the symptoms described by Dr. Woodward were produced by the carbonic oxide generated in the Sal *Æratus* manufactory; a gas known to be poisonous, generated in a contiguous room, condensed there so as to press outward, and an imperfect or pervious wall between. Besides these circumstances, similar symptoms occurred amongst the workmen in the manufactory, as often as they exposed themselves carelessly or accidentally to the gas.

In several respects carbonic oxide is more to be dreaded than carbonic acid. 1. It is lighter, and more speedily ascending, comes to be respired, being lighter than common air. 2. It is not so readily absorbed and abstracted by water, or other agents. 3. When diluted with common air, does not admonish of danger by extinguishing or materially diminishing the combustion of a candle or lamp. 4. It produces no very peculiar odor, or tingling of the nose; nor does it give any other warning by which its effects may be anticipated.

The symptoms of poisoning by the two noxious gases, carbonic acid and carbonic oxide, are in general similar; but it seems to me, by Dr. Woodward's cases, that nausea and vomiting are more decidedly produced by the latter than by the former.

Now, as carbonic oxide is, in my opinion, more dangerous than the acid, and as it is the acid, not the oxide, which the manufacturer desires, I have recommended to him such a mode of burning his coal with a greater supply of air, producing vivid combustion, as to obtain the acid without the oxide. This improvement he has already adopted with success. I have also recommended to him to pass the gas through a compact apparatus of folded flues contained in a large box, without diffusing it in a room; which improvement, if adopted, will render the manufacture perfectly innocent to the neighborhood.

There are few cases in which the symptoms of gaseous poisoning, modified by dilution with common air, so as to produce such decided effects, without permanent injury, have been examined and reported. In most cases such poisoning has taken place in the night, or with the intention of suicide, and the sufferers have been found either dead or in such a state of insensibility as to give no opportunity for deliberate examination of the symptoms in detail *ab initio*.

Again, Dr. Woodward's cases are peculiarly instructive from having been produced, no doubt, by carbonic oxide nearly or quite clear of carbonic acid, as the acid was mostly if not entirely withdrawn by the alkali to which it had been exposed in the factory.

As these poisonous gases are both generated more or less by all carbonaceous combustions, and the oxide abundantly in all cases of smothered combustion, as by a bed of coals half covered by ashes; it would be well for physicians to notice whether certain cases of headaches, vertigo, nausea and vomiting, may not be traced to some imperfect ventilation, or to some direct exposure to a current of the gas. A fatal case is related in Christison's work, under the following circumstances. A servant kindled a charcoal fire in a stove of an apartment in which persons were sleeping, but neglected to *open* the valve or damper closing the flue. Here a smothered combustion ensued, generating both carbonic acid and carbonic oxide in sufficient quantity to destroy life.

Very respectfully yours,

JOHN LOCKE, M.D.

Medical College of Ohio, Feb. 25, 1843.



ART. III.—*Report of a case of Diseased Ear, which produced death, in a child of four years of age*—By THOMAS CARROLL, M.D., of Cincinnati.

M. W., a female child, was admitted into the Orphan Asylum, at the age of two years, and at the time of admission it was laboring under chronic diarrhœa, which had worn it down to the last degree that life could endure; and at the same time it had suppuration of the right ear. After being in the Asylum some months, its health became better; but the ear continued to run, and the abdomen enlarged to an unusual size. Notwithstanding the improvement of the general health, the diarrhœa continued, and the ear gave no evidence that suppuration would cease, though the diarrhœa at times seemed to promise a total cessation, yet it returned and became more severe at short intervals, until death. The strength did not improve as was expected, at least as far as regarded the inferior extremities, which latter circumstance was probably owing to the want of care, in not making her use them in endeavoring to stand. The want of proper exercise of the lower extremities caused a great disproportion in size between them and the rest of the body.

When I first enquired into the situation of this patient, which was in March 1842, I found that she was fretful, and seemed to suffer pain, as she spent large portions of her nights in setting up in her cradle and rocking herself constantly for hours; and afterwards would sleep much through the day.

As the ear ran very much, I directed a solution of the nitrate of silver to be injected into it several times a day, which was sometimes to be intermitted, and suds or warm water to be used in its place. Blisters were applied behind the ears, and her diet was rigidly regulated. For the derangement of the bowels one grain of Dover's powder, one of rhubarb, and half a grain of calomel, were combined, and occasionally given. About a month before her death, a phlegmonous tumor appeared on the right hip, and suppurated, and discharged considerable matter. No sooner did this abscess heal, than the ear seemed more aggravated; the diarrhœa increased, and the whole side of the head became very much swollen; and the motory nerves on the side of the face lost their influence, showing that the portio dura of that side had become diseased. But, if motion, which had been

given by this nerve, was lost ; sensation, that in this part is derived from the fifth pair, was most acute. We are told by Sir C. Bell, that when a diseased condition, or rather destruction, of the expansion of the seventh pair of nerves on the face takes place, that the eyelids of the affected side cannot be closed, as the orbicularis palpebrarum has its motory influence from that source. Aside from this, the present case is a beautiful illustration of the principles of Bell, for the child had the power of shutting the eye on the affected side.

The matter discharged from the ear had long been offensive, and it was evident that caries of the petrous portion of the temporal bone had existed to some extent for many months, but now the evidences were more decided, as the cavity of the ear received a larger amount of fluid than usual ; and from examination the tympanum appeared to be gone. Large amounts of pus of an ill-conditioned kind was constantly discharged. The inflammation became intense over the mastoid process, and anterior to the ear ; and forty-eight hours before death mortification of the integuments over the mastoid process took place ; a few hours after a similar condition resulted anterior to the ear ; and at death the ear was nearly ready to drop off. Poul-tices alone seemed to give any relief.

During the last few days the patient showed evident symptoms of great pain in the head ; but at no time was there the least evidence of delirium, though much irritability of temper was evinced to the last moments of life.

After death I examined the morbid appearances of the head, aided by Doctors Woodward, Warder, and Young. In exposing the cranium in the usual way, the cavity around the ear was laid open, and was found to contain considerable pus. The cavity extended over most of the squamous and petrous portions of the temporal bone, followed the zygomatic process nearly to the malar bone, and extended down the condyloid process of maxillary bone to its connection with the angle of the jaw. The bones had lost their proper covering every where connected with the abscess ; even the internal ear had not a vestage of any tissue covering the bone ; and its inferior wall was perforated by caries about the eighth of an inch from the outer margin, which had been itself in a carious state for a considerable time. The foramen for the entrance of the internal carotid artery had thrown off its proper investment, and the artery meandered

naked through it. The portio dura was either totally or nearly destroyed at its exit.

On the inner side of the temporal bone, and immediately at the entrance of the internal carotid, the dura mater was found inflamed, and separated from the bone. At the base of the cerebellum the arachnoid membrane was opaque, and the surface of the brain abnormally vascular. About two ounces of fluid escaped from the surface and ventricles when the brain was exposed.

The pupils of the eyes in this patient never dilated, and the eyes continued clear all the time—an instructive lesson with regard to the symptoms indicating effusion within the cranium.

This patient died at the age of four years, and had been under my care from the middle of February 1842, until August of the same year. I do not know that any treatment could have been instituted, at any time, that would have proved efficacious in the management of the case; it is most probable that nothing could have been done, unless at a very early period. I have no knowledge of the circumstances that led to the suppuration of the ear, nor do I know at what time of life it took place.

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ART. IV.—*A complicated Case of Prolapsus Uteri*—By G. SPRAGUE,  
M.D., of Plymouth, Mich.

Mrs. D., wife of an intelligent and respectable farmer, received an injury by over exertion, in November 1840, while in the ninth month of pregnancy with her second child, which, in her own words, consisted in tearing assunder the support of the bowels and uterus of the left side. Some hemorrhage followed, and she was recommended to bed. In about seven days after the accident, after a severe and protracted labor, she was delivered of a dead child. She kept her bed about two weeks, and on attempting to get up, felt severe symptoms of prolapsus. She resumed the recumbent posture, and applied for aid. She was treated unsuccessfully by several physicians until the first of January 1843, in the course of which time she had tried the pessary and sponge, both separately and conjointly, as also Hull's uterine supporter, without benefit. About six weeks



since, the writer was called in, and found her confined to bed in the recumbent posture, which position she had occupied for several months, without intermission, being so reduced as not to be able to administer her own food. She was laboring under great nervous and muscular prostration; pulse small and soft, appetite variable, obstinate constipation. On making an examination, the patient being on her back, found the perineum lacerated about an inch in extent, pelvis rather small, the uterus considerably hypertrophied, with partial retroversion, considerable prolapsus and obliquity, the fundus apparently resting on the right superior basin of the pelvis, and the cervix resting against the left side of the vagina, about midway of its length. On directing the patient to turn to the right side, the displacement was increased, but on turning to the left side, the cervix occupied nearly the center of the strait. There was some tenderness on pressure of the inferior part of the abdomen. It was evident from the situation of the uterus that the suspensory ligaments of the left side were useless, either from laceration or extreme debility; and furthermore, that the pessary and sponge combined, increased the displacement, and that the supporter was altogether inadequate to remedy the evil. I decided on the following course of treatment—To restore, as far as possible, the lost power of the system; to reduce the enlarged uterus, that it might the more easily be replaced and confined in the center of the strait, by such mechanical support as might be afterwards devised. For these various purposes I directed a nutritious diet, combined with suitable supporting remedies, and exercise to be given by a sminging cot; as also the tinct. of iodine and a weak solution of iodine and acetate of lead was given by injection, and small blisters applied successively on each side of the uterus. Directed the patient to confine herself to the left side, occasionally to turn on her knees and elbows.

At the end of five weeks, on examination, found the uterus reduced to its natural size, which had, by presenting less bulk to the soft parts, increased the prolapsus to a small extent. The query now was—how could mechanical support be applied, that would at the same time overcome the prolapsus and other displacements? For this purpose I had constructed a double pessary, of light wood, coated with sealing-wax, the lower one similar to the common oval pessary; the upper one, though smaller in circumference than the others, was twice its thickness. The two applied together formed a pyramid, the

upper of which accurately fit the superior part of the vagina, having a bowl half an inch in depth, and of sufficient size to receive and fit the cervix uteri, the brim of which filled the depression surrounding the cervix, thereby compelling the cervix to settle into the excavation, and retain it in the center of the strait when the patient is erect, and also to retain it in its normal height. The passage through the upper pessary commences in the bottom of the bowl and reaches through the lower one by means of a projection around its passage on the bottom, thereby preventing them from slipping on each other. The patient having regained considerable strength, I now applied the apparatus without difficulty, and adjusted the two together. I found that the patient could now sit up as long as her strength would permit, without experiencing the usual symptoms of prolapsus. I directed her to be raised up twice a day, and gradually to increase the duration of each experiment. I find, under this treatment, she is improving, and has hopes of again leaving her bed, a thing she had given up ever being able to do.

*Plymouth, Mich., Feb. 16, 1843.*

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ART. V.—*An Extract from the Proceedings of the Hamilton County Medical Club, of November 5th, 1842.*

Dr. Dennis read a paper on the medicinal effects of *Secale Cornutum*. The general doctrine maintained in the paper was, that *secale cornutum*, under proper circumstances, does exercise an influence over the uterus, by which its contractile power is increased. It was further supposed, that it acted on the uterus through the medium of the spinal marrow.

Dr. Wm. Judkins remarked, that many medicinal agents act specifically. Thus, when labor pains cease, or prove inefficient, and pains are increased after administration of ergot, it is evidence of the specific action of that article. If the article is good, it seldom disappoints his expectations; but it should not be given until the parts are fully dilated.

Dr. Harrison observed, that two points were worthy of notice. First, Its *modus operandi*; second, The circumstances under which

it should be given. 1. Its effects are produced by acting on the nervous system. It frequently acts instantaneously. Of course there is no absorption here. 2. In administering it he usually sends for 3 ss., freshly pulverized, which is steeped in a tumbler full of hot water: of this the dose is a spoonful. He has often given the whole of it. Has often given it to expel retained placenta; but never succeeded. When the uterus is fully developed in gestation, never knew it to fail, if properly administered. He followed Dewees' rules for its administration. It is proper to resort to its use when the pains are inefficient, in hæmorrhage, and in convulsions. It might be administered per rectum. Ergot brings on contraction when the uterus is fully developed: he never used it earlier.

Dr. Irons stated, that he was favorable to the use of ergot. In a labor of three days duration, when the contractions had subsided, parts dilated, he gave the ergot, and in half an hour active pains returned. He had also used it in hæmorrhage, and in one case of hydatids, successfully.

Dr. Rolker said, that ergot had long been in use in domestic practice on the Rhine. He had given it in hospital practice, without any effect: had given it when the head was in the inferior strait; gave it when the child was dead: he had given it under all circumstances, and was not sure it had any effect. He supposed its effects, if any, were produced by acting on the sympathetic nerve.

Dr. Wright observed, that as an individual, his opinions did not require particular explanation; but, as a teacher, they became more important. In teaching, he had generally taken up Dewees' views, and presented them to the class; and then gave the results of his own experience.

Opinions on this subject, he stated, were various. Some contend that ergot does not originate pains; others, that it does. Some say it will produce abortion; others, that it will prevent that accident. Some suppose the child must be alive to secure its effects; others, that the fœtus must be dead. Some believe the presence of a child necessary; others, that it will expel the placenta. Some give it in puerperal convulsions; others object to it. Some use it in a rigid state of the parts; while others give an opposite opinion. The dose also varies; some give 5 grs., some 50. Dr. Harrison gives sometimes  $\frac{1}{2}$  ʒ. How can an opinion be formed in view of all these contradictions? He would rather believe all had been deluded. He stated his own



experience thus : he had given from 5 grs. to  $v3$ ; had given it in nearly all conditions, and never had seen any effect from it.

Dr. Richards stated his experience was in favor of ergot. He gave it as directed by Dewees, and it usually succeeded. In hæmorrhage, it produced contraction. In two cases, he thought, labor was not hastened, but in these the parts had not become sufficiently dilated. Thinks it produces specific effects.

Dr. Gans stated his opinion on the subject, and agreed in his views and mode of administration with Dr. Dewees.

Dr. M'Ilvaine had seen decided narcotic effects follow the use of ergot : in one instance it *produced sleep*.

Dr. Dennis had seen its parturient action in his own practice. Had never been disappointed in the results but once ; then he gave before dilatation of the parts. It had succeeded in hæmorrhage, and in retained placenta.

Dr. J. P. Judkins, could not state what its effects would be alone, as he usually gave it combined with cinnamon. In one case of sixth month abortion, attended with violent hæmorrhage, the ergot failed to arrest it, which was finally accomplished by the introduction of ice. He gave it in after-pains, in combination with hyosciamus, which seemed to act beneficially.

Dr. Vattier gave ergot in a case when contractions had ceased, while the head was in the inferior strait, and in ten or fifteen minutes the pains returned, and the child was expelled : has used it in hæmorrhage, with favorable results.

Dr. Carroll stated, he had been acquainted with the medicine for twenty years, and with early prejudices against it, had been convinced of its utility. It should not be given when the stomach is excited or when the arterial action is too high. The infusion, he thought, a bad preparation, as it excited nausea ; he preferred the powder. He gave it in pills, when other preparations were not retained. The testimony of females, that it does produce effects, is good authority. Some say its effects will not be produced if the child is dead ; in one instance, however, he found 20 grs. to expel a dead fœtus. In regard to the dose, he thought 30 grs. produced too violent effects. Might commence with 5 grs., and increase the dose. It may save the child by hastening protracted labor.

Dr. Foster believed ergot has as much specific action on the uterus as quinine has in intermittent fever. In a case of lingering labor,

with hemorrhage, he gave 20 grs., and in fifteen minutes delivery took place. In hemorrhage it succeeded after cold applications had failed. He gave it in uterine polypus, but it entirely failed.

Dr. Bonner related several cases, in which the parturient action of ergot was strikingly illustrated. It, however, sometimes failed, but not more frequently than ordinary medicines.

Dr. Lawson observed, that one of the most interesting points connected with this subject, was, the discovery of two properties possessed by ergot; one, a narcotic, which resided in an oil soluble in ether; the other, the parturient principle, soluble in water, spirits, etc. These two properties should be separated; hence, the most suitable preparations were the infusion or tincture. If given in combination, the narcotic might counteract the parturient property. He supposed ergot acted on the uterus through the spinal marrow. Irritations of certain parts of the spinal marrow will produce abortion; and if the lumbar portion of the spinal marrow is paralysed, experiments prove that parturition becomes difficult, if not impossible.

Dr. Eberle never gave ergot until the os uteri was completely dilated. Its administration should be regulated by general principles. Thinks the oil is narcotic. He gave it in the proportion of ʒij. to two tea-cupfuls of water, to be simmered down to one, and one third given at a dose. Has no doubt ergot often destroys the fœtus, when improperly administered. When contractions are irregular, with no propelling power, the ergot will seldom fail to produce regular action. It does not act instantaneously, but usually within twenty minutes. He had given ergot before delivery to counteract hemorrhage.

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ART. VI.—*Case of Ileus produced by Intestinal Concretions*—By  
Dr. I. S. DRAKE, of Xenia, Ohio.

On the 18th of August last, I was called to see W. R. K., aged twelve years, who had been attacked with profuse bilious vomiting. His tongue was slightly furred, and some febrile symptoms being present, I gave him an emetic of tart. ant. and ipecac., which operated very favorably. As soon as the emesis had subsided, gave 20 grs. of calomel, and six hours afterwards, sulph. magnesia.

19th. No discharge from the bowels : gave four cathartic pills, which produced a small evacuation.

20th. Found the patient complaining of violent pain in the umbilical region, accompanied with considerable sympathetic irritation of the stomach : left four powders, each consisting of calomel grs. 5, opium gr.  $\frac{1}{4}$ , to be given every two hours, and ordered them to be followed by ol. ricini 3i. Also, applied fomentations to the abdomen.

21st. No further evacuation from the bowels ; pain increased, though of a more spasmodic character. Ordered a large enema of sulph. mag. and lard, in warm water, which was discharged in thirty or forty minutes, with but a small quantity of fecal matter. Injections were several times repeated without any good effect, except to moderate, temporarily, the intensity of the pain.

22d. Bowels remain torpid ; pain very acute ; abdomen much swollen ; not the least tenderness upon pressure ; arterial action increased ; abstracted 12 ounces of blood, which was immediately followed by a small watery discharge from the bowels, consisting, I presume, of fluids previously administered by injection. Believing that a spasmodic contraction existed in some portion of the intestinal tube, I had him placed in a warm bath, and administered per anum a strong decoction of tobacco. This caused vomiting, but utterly failed to accomplish the object desired.

23d. Tympanitic symptoms much increased ; stomach very irritable ; the paroxysms of pain of longer continuance ; some sensible relief obtained by violently champooning the abdomen ; applied a large vesicating plaster to the umbilicus, which caused a profuse serous discharge, but brought very little relief. Very large injections of opium, tobacco, ext. stramonium, spt. terebinth., etc., were alternately administered, without benefit.

24th. Dr. M'Can called in consultation, and upon his suggestion gave four drops of Croton oil in 23 spts. terebinth., which was in a short time vomited ; the dose was repeated, and again vomited.

25th. Symptoms remain the same. Under the impression that intussusception of the bowels had taken place, I concluded to make no further effort at present to procure an alvine evacuation, and only gave opium occasionally to mitigate the violence of the pain, which seemed at times almost intolerable.

26th and 27th. No material alteration. 28th, Commenced vom-



iting stercoracious matter. Dr. Joshua Martin called in consultation: gave it, as his opinion, that intussusception had taken place, and advised that small portions of laudanum be given to allay the pain, and wait for nature to determine the result.

The paroxysms of pain and stercoraceous vomiting thus continued, without any abatement, until the 3d of September, when death closed the scene.

*Post mortem examination.*—About twenty hours after death, I made an examination of the body, in company with Doctors M'Can and Martin. I found the abdominal parietes distended almost to their utmost tension, with serous fluid mixed with fecal matter, which had escaped from the intestines through gangrenous perforations. The liver appeared rather darker than natural; the gall-bladder distended with dark thick bile. The stomach empty and natural. Continuing down the tube, no change in its structure was observed until within ten or twelve inches of the ileo-cecal valve, where several small gangrenous patches were discovered, and other spots highly injected with dark grumous blood. About seven or eight inches below the valve, the colon was found completely obstructed by numerous concretions, varying in size from a pea to a peach seed, (the largest resembling the latter in shape,) and amounting probably in all to four or five ounces in weight. The coats of the colon were somewhat constricted around the concretions, and exhibited marks of a high degree of inflammation at that point. Both above and below, for several inches, were gangrenous spots from the size of a half-dime to a half-dollar; some already ruptured, and others rupturing upon the slightest pressure: The rectum was also sphacelated and ruptured nearly throughout its whole extent.

The concretions thus aggregated in the intestines no doubt caused the obstruction to the passage of the fæces, though they would scarcely seem, at first view, adequate to produce so completely such a result, seeing they were not impacted together in a dense mass, but lying loose and detached. Possessing no facilities for examining them chemically, I am not prepared to say what were their exact composition. They much resembled soapstone in feeling and consistence, though more of a cineritious color. They appeared to consist of some calcareous earth united with an oleaginous substance. After becoming dry, they were easily crumbled; and when rubbed between the fingers, produced a gritty sensation.

It may be well to mention that the boy had but a short time previous to my being called, labored under an attack of parotitis, and a profuse diarrhœa of some four or five days continuance, had supervened, upon the subsidence of the inflammatory symptoms, which, however, had been checked before I saw him.

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## BIBLIOGRAPHICAL NOTICES.

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ART. VII.—*Lectures on the Diseases of the Urinary Organs*—  
By Sir BENJAMIN C. BRODIE, Bart. F. R. S.; Serjeant Surgeon  
to the Queen. From the third London Edition, with alterations  
and additions. Philadelphia; Lea and Blanchard, 1843: pp. 214.

DISEASES of the urinary organs constitute a common and exceedingly important class of affections, and they have scarcely received attention from the profession at large commensurate with their momentous bearings upon the practice of medicine and surgery. In many instances, obscure in diagnosis, and obstinate in treatment, these affections will often try the skill of the most experienced practitioners, and dextrous operators. Many of the diseases of these organs are obstinate, painful, and of a fatal tendency. Few instances occur in medicine or surgery in which extensive observations, and sound practical experience, are more important than in these affections; and few diseases can be referred to in which speculation and preconceived theories are of less avail.

The work under consideration emanates from one of the ablest of the British Surgeons. The name of Sir Benj. C. Brodie is at once, and deservedly too, a passport to the confidence of the profession. Thirty years experience in the active duties of the profession, aided by an acute and philosophical mind, entitle the productions of this distinguished author to peculiar confidence.

The work embraces diseases of the male and female urethra; diseases of the bladder; some of the diseases of the kidneys; diseases

of the prostate gland; urinary and renal calculi; operation of lithotomy, and lithotrity.

Lithotomy, one of the most important operations in surgery, is very satisfactorily discussed. In speaking of the *causes of death* after the operation, the author remarks, "that an incision of the prostate, extending into the loose cellular texture surrounding the neck of the bladder, is replete with danger to the patient." In these cases inflammation, infiltration of lymph and serum, followed by sloughing, take place, and speedily terminate in death. There is every reason to believe that an extensive incision of these parts is often followed by urinary infiltration, and is one of the most common causes of a fatal termination. The difficulty, we apprehend, is best avoided by the use of the gorget, by which instrument no risk will be incurred of cutting more extensively than was intended.

The author also, with his accustomed acumen, points out the danger always attending this operation when urinary calculi are complicated with organic affections, and derangements of the general health. In these cases the skill of the surgeon consists more in his judicious medical treatment, preparatory to the operation, than it does in the manipulations attending the extraction of the stone. There can be but little doubt, that the key to the success of one surgeon and the failure of another in the operation of lithotomy, is, the thorough and judicious preparation of the system before the operation, and the extent of the incision into the prostate gland, as referred to above.

In the former editions of this work, lithotrity was but imperfectly discussed; but the author observes, "I have now ventured to discuss this new mode of treatment more at length, giving some practical instructions for the performances of the operation, which may probably be acceptable to the younger members of our profession, and to those whose minds have not yet been directed to the subject."

Lithotrity is evidently deserving more attention than is usually bestowed on it in this country. Under favorable circumstances, and these are certainly numerous, this operation may be resorted to with great propriety, thereby relieving the patient from much suffering and danger.

We would commend this work to the profession, believing that it may be profitably read by all. For sale by Desilver and Burr, 112 Main Street.



ART. VIII.—*A Demonstration of the Curability of Pulmonary Consumption, in all its stages. Comprising an Enquiry into the nature, causes, symptoms, treatment, and prevention of Tuberculous Disease in general.* By WM. A. M'DOWELL, M.D.: Louisville, Ky.: Prentice and Weissinger; 1843. pp. 269.

A demonstration of the curability of consumption, in all its stages, will certainly be regarded as a very bold position, to be found on the title page of a book. Dr. M'Dowell seems not inclined to follow the monotonous routine of less bold adventurers, but, like one who has confidence in his own powers, nails his flag to the mast in the beginning of the action. We think, however, the title is an unfortunate one. It is well known that the profession regard consumption, especially in an advanced stage, as incurable; and consequently the assertion that it is *curable in all its stages*, will be regarded as *ultraism*, and prevent many from examining the book. In the next place, all diseases of a fatal nature, arrive at a stage in their progress which is really incurable; and, therefore, the assertion in the title page will at once be challenged.

But, that our readers may be able to form some idea of the character of this work, we will present a brief summary of its leading doctrines, so far as we are able to do so from a hasty perusal, by which, we hope to do that justice to the work, which is justly due its author.

The author's views of the pathology of consumption are based exclusively upon *humoralism*. He looks to the fluids for the cause of the disease, and to them addresses his remedial agents. The analysis of tubercle shows it to be composed chiefly of albumen, and the idea would at once be suggested, that it originated from the blood, or lymphatic system. The author conceives the blood to be the source of tubercle, as this is the only function, the extent of which would correspond with the development of tubercle. When the quantity of albumen becomes excessive in the blood, an unnatural condition is produced, and a disturbance of the harmonious actions binding the several substances together takes place, albumen is separated, and deposited in the various tissues of the body. It is concluded that the blood of tuberculous patients becoming pale, meager, serous and deficient in red globules; and moreover, the author having

witnessed the surface of clot dotted over with small white specks of solid matter, believed to be tuberculous, furnishes conclusive evidence that the sanguiferous fluid was the source of this disease. And in further confirmation of this view, an opposite condition of the system is recognized, called the *globulous*, in which the red globules are increased, while in phthisis they are decreased. The globulous diathesis is seen in gout, apoplexy, scurvy, etc. The deposition of lymph in the lungs is also considered a common source of consumption.

The pathology of consumption may be thus stated: a morbid increase of albumen in the blood, and its deposition in the lungs, constituting tubercle.

Having settled the pathology of the disease, the author proceeds to discuss the question of its curability, and as announced in the title page, he concludes it is curable. As tubercle originates from the blood, and is the result of morbid *secretion*, it is thence argued that the process of *absorption* will be adequate to remove it; that its texture does not contradict this supposition.

The proximate cause of consumption being considered as albuminous degeneration of the blood, its *causes* are found in every thing tending to the production of this condition, or to diminish the red globules, such as insufficient or improper food, fasting, excessive fatigue, dyspepsia, exposure to cold, hereditary tendency, etc.

In the *treatment*, the object is threefold:

1. To restore the healthy condition of the blood.
2. To remove tuberculous deposits.
3. To remove or change the diathesis.

To accomplish these objects, reference must be had to two points:

1. Defective excretion.
2. Defective digestive elaboration.

To remove the first condition, the secretory action of the various organs must be increased, thereby diverting action from the lungs; hence the utility of diaphoretics, diuretics, etc., combined with tonics. Among these may be named, leontodon taraxacum, iron, the alkalies, and especially common salt, (which last the author declares to be a "perfect Proteus,") animal food, alcoholic drinks. Antimony is highly recommended as an anti-irritant and emetic, and mercury is resorted to for the purpose of acting on the hepatic secretion. Tonics, especially iron, are considered of great value. Expectorants are

denounced as unequivocally injurious, as is also iodine, except it is administered by inhalation.

These are a part of the author's leading views, some of which we consider obnoxious to criticism, while others are rational and instructive.

The author's *pathology* is evidently defective. Admitting the positions he assumes in relation to the blood, that an excess of albumen, and diminution of red globules takes place, we must still look beyond that point for the *cause*. So long as the *solids* maintain their integrity, so long will the blood remain healthy; and whenever that fluid is found morbid in its composition, it is to be regarded as an *effect*, not a *cause*, and should be so considered in administering remedies. And indeed the whole course of therapeutics will prove, that remedies exert their influence exclusively upon the solids, even admitting that this is accomplished through the *medium* of the blood.

The supposed curability of consumption, based upon the belief that tubercle is an albuminous *secretion*, and therefore is subject to the action of the absorbents, ought to have convinced the author that he had substituted the effect for the cause. If the *cause* really existed in the blood, in the form of albumen, it would rationally enough be inferred that the absorbents would remove such a deposition; but this albuminous condition being the *effect* of an anterior cause, a derangement of the solids, that condition must be removed before a cure can be effected.

Although we cannot agree with the author in his pathology, his treatment, which was doubtless derived from *experience*, not *speculation*, is much more satisfactory; and, indeed, it is probable that many of his suggestions will be found exceedingly valuable, and contribute greatly to our stock of *actual* knowledge in the treatment of phthisis. Whatever differences of opinion may exist in relation to the theory of disease, the point is gained if the practice is successful, although it may be preceded by errors in theory. There is one thing certain, and that is, consumption as now treated is *usually* incurable, and therefore nothing can be lost by submitting Dr. M'Dowell's views to a fair test.

The whole work evinces much thought and research on the part of the author, and we are not permitted to doubt; that it was written in a spirit of the utmost fairness and candor, and is the result of an



enlarged practical view of the subject. We cheerfully commend it to our readers, believing it will amply repay a careful and candid examination. For sale in this city by Desilver and Burr, 112 Main Street.

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ART. IX.—*A Lecture on the best modes of discouraging Empiricism: delivered before the Ohio Medical Lyceum*—By JOHN P. HARRISON, M.D., Professor of Materia Medica in the Medical College of Ohio: *January, 1843.*

The repeated calls for the productions of Prof. Harrison, as evinced by the publication of two of his lectures, by the class, during the present session, furnishes the best evidence of the popularity and merit of that gentleman's productions. The present lecture is written with his usual energy and ability; and although it may fail to accomplish the desired object, yet the author will enjoy the consolatory feeling that he has performed his part.

Forming an opinion from the past as well as the present, there is reason to believe, that the spirit of empiricism is co-eternal with man's existence; and although public sentiment may put down one clan, immediately another and more ravenous rushes in to fill its place. There was once a period in the *Queen City*, when the "thunder and storm system" reigned triumphant in the world of empiricism, and peppery *Te deums* long and loud were sung to its fiery praise; but, as time moved on, the glory of this system was eclipsed by a sable rival in the form of a poor old filthy negro, blinded by *gonorrhæal ophthalmia*, who, unable to read, obtained his knowledge, according to his own declaration, "from above." Scarce had the carriages of the aristocracy of the land ceased to wheel their occupants to the door of this *scented* hero of pills and plasters, and scarce had the said hero, with his mysterious balls and glass globes, passed to the shades of forgetfulness; ere the infinitesimal humbug presents its delicate form, and claims to be the legitimate heir to the throne of Deception.

Although empiricism will ever find more or less support, yet we are not of the opinion of those, who think the profession should remain mute under the repeated aggression of this trained and unscrupulous

pulous band. We believe the public should be taught, as far as possible, to distinguish between the cultivators of true science, and the ignorant pretender. This performed in a suitable manner, and at appropriate periods, can do no harm, but may accomplish some good.

We have only space for a few extracts on the *best mode of discouraging empiricism*. The author divides this branch of the subject into three parts. First, Legislative interference; second, The influence of intelligent and good men in society; and third, The duty of the medical profession itself. The subject of legislative action is thus referred to:

“At the threshold of the general argument in favor of legislative action upon the subject of quackery, it may be stated that without a rectification of public feeling, nothing effective can be attained by legal enactments. But indirectly, legislative action can be made to bear most effectively in the repression of medical imposture; and that desirable result can be accomplished by judicious encouragement given to the cultivation of the science of medicine by the endowment of schools for teaching medicine, and by making all irregular practitioners amenable to a loss of their demands for attendance on the sick. All civilized governments have given encouragement to the cultivation of the sciences, medicine among the rest, by affording every facility to the teacher, by the way of illustration and enforcement of his views through a well furnished apparatus, in appropriate places of instruction. The mind—that living, immortal, and prolific energy, whence is derived all the imperishable glory, as well as varied prosperity and civilization of a nation—should be the special object of patronizing legislation among a free people. And whether the immortal energy of thought is cultivated in our collegiate halls, where first the budding promises of a bright manhood are exhibited, or in our law or medical schools, where science trains the capabilities of the mind to future exertion on the great moral and social relations of life, or opens before the eye the mysteries of the human frame, and imparts her precepts of health; still the animating principle of a sound legislation is at work in providing the best means for advancing the great and abiding interest of a people.”

The duties of the profession in the discouragement of empiricism, are embraced in the following extract:

“But at last, our final reliance in the discouragement of empiricism, must be placed in the great body of enlightened physicians. They are the conservators of the honor and dignity of the profession. From our predecessors in medicine we have received this legacy, and with sedulous vigilance should we guard it. It is worthy in all respects of our attachment and admiration, and of the unremitting consecration of all our best powers to its high and august service. For,

reflect but for a moment upon the scope of action of our profession in society. Contrast it with the art of war, in their respective designs and results. War inflames man against his fellow man, spreads desolation wherever its iron heel has pressed, and fills the land with widows and orphans. It turns all the milk of human nature into hatred, arrests the progress of civilization, and dries up the fountains of domestic love and enjoyment. Our profession, in its designs and results, is one of benevolence—it visits the haunts of suffering, and lays its healing hand on the tortures of the body, and restores the disordered intellect, filled with the horrible delusions of insanity, to the exercise of sound reason. Its beneficent power is felt in the mansions of opulence and in the hovels of poverty; by the tender frame of infancy, in woman's child-bed agonies, in manhood's vigor, and life's evening hours. The medical profession is a partnership in science, in honor, and in humanity. Its commission is replete with high ends, and its destiny is no less than the temporal well-being of the race.

Such a profession should be guarded by its members from the polluting touch of every thing calculated to rob it of its essential dignity, eclipse its lustre, or degrade it in popular estimation. In the keeping of physicians is placed the rich deposite of its scientific advancement, its honorable standing, and beneficent influence. How can we best protect the essential interests of our profession from the inroads of empiricism and vindicate its just pretensions in the eyes of mankind? We answer, first, by cultivating assiduously the science of medicine, and the collateral branches of knowledge. Physicians should be literary, cultivated men; they should addict their powers to the investigations of the natural sciences, and ever be earnest in urging on the discoveries of philosophy. And it affords the mind of the scientific physician a rich intellectual treat to contemplate the rapid conquests won within half a century by medicine over disease. Within that period, the life-saving discovery of Jenner has been made; and now, all over the globe, the name of that great man is sounded; infant lips lisp his praise, and hoary hairs repeat the flying echo; the Ganges and the Tiber, the Thames and the Mississippi roll forth his eulogy; and all nations attest the power and beneficence of that profession, among the members of which he labored, and of which he was so illustrious an ornament as a man of science, a polished gentleman, and a philanthropist.

Every where in the ranks of our profession a keen and exciting spirit of inquiry is at work, and every day the prolific press wafts to us new discoveries achieved in the art of healing, and fresh accessions made to our fund of facts and deductions in this vast field of research. Speed on thou bright auspicious era of improvement, till the science of medicine shall rise still higher in its glorious triumphs over pain and mortality, and reflect with augmented lustre the divine benevolence of its power. Additional to an earnest cultivation of the



science of medicine, physicians should be ever alive to the diffused and active presence of a feeling of honor among the profession. And every disingenuous mode of acquiring business, and every appeal made to vulgar prejudice, or to the sordid passions of the unreflecting in society, must be discountenanced and rebuked by high-minded men in the profession. No trickery, subterfuge, or indirection should have scope among us. Neither should we associate with men who play their tricks on popular credulity by pretensions to novel modes of practice, or who cheat the populace by lying declarations, announcing some grand discovery, which is to cure disease by a new system of practice, or who strive to circumvent the regular physician by pouring out a feculent mass of words, to awaken vulgar prejudices against remedies employed by the educated faculty."

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## MISCELLANEOUS SELECTIONS AND INTELLIGENCE.

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1. *Aneurismal Sac formed within the Cranium*; by Prof. DUDLEY, of Lexington, Ky.—J. C. Burgess came to Lexington in the winter of 1841, and gave the following history of his case. As early as 1836, he had become subject, at irregular periods, to pain over the right eye, which gradually increased, both in the frequency of its recurrence, and in the attendant suffering; and before the expiration of the second year, the eye was considerably protruded from the socket. In 1839, the right temple, as well as the eye of that side, was morbidly prominent, and about this time the pain became so excruciating as to occasion delirium, one attack of which was protracted to fifteen days. Occasional severe pain was at this period of the case experienced also in the left side of the face and temple.

During the winter of 1838-9, for a number of weeks, his suffering was incessant, but was finally much lessened after a copious spontaneous discharge, from the nostrils, of a yellow fluid. Increased suffering, ever after, succeeded to any interruption of this nasal discharge; and for some months previous, as well as subsequent to his arrival in Lexington, he was often alarmed at what he feared might result from nasal hemorrhage, and consequent death. He represented

his right eye as entirely useless in regard to all distant objects, and in his right ear he was perfectly deaf. Various remedies had been advised by different physicians, and much speculation indulged upon the nature and the cure of the malady. To the examiner, the first object that attracted attention was the enlarged and protruded eye, which was something like half an inch in advance of the other. The inferior and external half of the superciliary ridge, were deeply involved in the malady; and in conjunction with corresponding portions of the parietal, temporal, and sphenoid bones, separated from the bodies of these bones, were involved in one common enlargement of that side of the head and temple. The bones of the head and face were separated at the external angle of the eye, sufficiently to admit the end of the little finger into the site of the transverse suture. The whole of the enlarged mass communicated the thrill to the touch which is characteristic of aneurism, while a lateral view of the eyeball presented an alternate protrusion and recession of this organ, corresponding to the action of the heart and arteries.

The treatment preparatory to a successful operation, which consisted in the use of plainly dressed, easily digested food, in moderate quantities, with the use of such evacuants as were necessary to place the alimentary canal and the organs tributary to digestion in a favorable state, having been instituted, much of the suffering of the patient was allayed, and in the month of January he was brought before the medical class, when a ligature was applied to the common carotid artery. The effect of the ligature upon the artery was immediately sensible in the eye, and all that side of the head and face. The eye gave no more evidence of pulsation; the circulation in the integuments immediately became very languid, the tenseness of the whole of the parts involved in the enlargement was greatly lessened; while the patient expressed himself as being suddenly relieved of all noise and motion in the head. For two days no unpleasant symptoms supervened; then a distressing cough came on, attended by the sensation of a foreign body in the windpipe, opposite to the wound, which deprived the patient of much rest for several days. On two or three occasions, during the progress of his recovery, he was attacked with severe pain in the head, attended with some fever; thus exciting an apprehension, at first, that the aneurism in the brain might be progressive, by reason of the free communication between the different arteries of that organ. The use of small nauseating and purgative

doses of calomel and ipecac., by which means fever was checked, and bile copiously discharged, exemplified the presence of that law, so well understood by ancient as well as modern authors, which connects the cerebral and hepatic functions in disease.

The rapid subsidence of the tumid state of all the parts involved in the disease by the end of the first week from the operation, rendered manifest the changes they had undergone. Isolated spiculæ of bone could then be distinctly traced, beginning about the center of the superciliary ridge, and invading portions of the parietal and temporal bones ; while the little finger could be passed into a vacuity, at the outer angle of the eye, corresponding to the transverse suture. By the end of the twentieth day from the operation, the line of separation between the bones had become obscure ; the spiculæ were indistinct, while the whole enlargement was rapidly on the decline. The eye, now restored almost to its natural position in the socket, had recovered its usefulness for distant objects of vision ; and the ear, which had been deaf, was now as acutely sensible to sound as the other. Before the end of the month, the patient being free of all disease, left Lexington for St. Louis, the place of his residence.

He continued well for some time after his arrival at home ; but upon throwing off all restraint in diet, drink, and exercise, his health suffered greatly, and made it necessary for him to apply to his family physician, Dr. Hall, through whose skill he was relieved. He is now, six months since the operation, in the enjoyment of good health, and engaged in the labors of a blacksmith. My associate, Professor Bush, saw a case in one of the Parisian hospitals, somewhat like the preceding, and for which nothing was proposed to be done by the surgeon in attendance. In the cases referred to in a late volume of the London Medico-Chirurgical Transactions, the aneurism appears to have been located on the branches of the external carotid, and to have been excluded from the cavity of the cranium ; whereas, in the case now detailed, the only doubt which remains, is, as to the *extent* of the aneurismal sac *within* the cranium, with the consequent loss of cerebrum by absorption.

The great loss of cranium by absorption, the general enlargement of the forehead and temple, the preternatural development and projected state of the right eye, and the loss of hearing in the right ear, added to the long-continued suffering of the patient, admits of the inference, that the right hemisphere of the cerebrum may have been



as extensively absorbed, in consequence of the pressure of the aneurismal sac, as in other cases it is known to be, from the presence of serum in the ventricles.—*Trans. Coll. Physicians*—*American Jour.*

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2. *Anatomy of the Par Vagum and Nervus Accessorius.*—

There is an interesting paper on this subject in the *Edinburg Med. and Surg. Journal* for October last, by Jas. Spence, Esq.

It is well known that a considerable difference of opinion has of late existed among anatomists and physiologists regarding the exact functions of the par vagum; some maintaining that it is entirely sensiferous and incident, while others have maintained that it also contains a few motor filaments. Scarpa, Arnold, Bischoff, Valentin, etc. have asserted that all the motor filaments of the pharyngeal and laryngeal branches of the par vagum actually come from the spinal accessory; while Muller, John Reid, Volkmann, etc. maintain that a few motor filaments are bound up in the par vagum at its origin, though they admit that the greater number of the motor filaments found in the trunk of this nerve, as it lies in the neck, are derived from the spinal accessory. Mr. Spence has proved, by accurate and minute dissections, that a few of the filaments of the par vagum are non-ganglionic or motor, passing over the superior ganglion of this nerve, and joining themselves to the internal root of the accessory. The white nervous cord so formed by this junction can be traced down over the inferior ganglion of the vagus to which it gives one or two delicate filaments, and at last seems principally to pass into the formation of the inferior laryngeal nerve.—*Lond. and Edin. Monthly Jour.*—*Amer. Journal.*

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3. *On Percussion*; by John Hughes Bennett.—Mediate percussion, as employed by M. Piorry, is undoubtedly a more valuable means of diagnosis than is generally allowed. His experience, it is said, enables him to “map out, as it were, on the surface of the skin, with ink, the size and form of the heart, arch of the aorta, liver, spleen, kidney, etc.; and indicate to the eighth of an inch the exact height of pleuritic effusion, or the margin of circumscribed pneumonic dulness.” At first sight this partakes too much of the marvellous, but when we know the length of time he takes to percuss a single patient, (half an hour,) we may suppose him to be a more expert operator

than the generality of practitioners. The instruments he uses are, 1st, *The Hammer*—the head of which is made of steel, brass, or iron; a capsule is screwed to the end with a projecting disc of caoutchouc; the handle is made of wood, with depressions for the fingers and thumb. The head of the handle is not placed exactly at right angles with the handle, but has a slight obliquity upwards. "This is necessary, because in employing it the handle is almost certain to be somewhat elevated, and this slight obliquity even then allows the practitioner to strike the pleximeter perpendicularly." 2d, *The Pleximeter*—made of ivory, wood, or metal, with a handle at each extremity, to enable the practitioner to take hold of it more readily.

General rules to be followed in the practice of Mediate Percussion:

1. The pleximeter should be held by the projecting handles between the thumb and index finger of the left hand, and pressed firmly down upon the organ to be percussed. Much depends upon this rule being followed, as the sound and sense of resistance are considerably modified according to the pressure made by the pleximeter. A very easy experiment will prove this. If, for instance, the pleximeter be struck while it rests lightly on the abdomen over the umbilicus, and again, when it is pressed firmly down amongst the viscera, the change in tone will be at once perceived. In the first case a sound is produced, from the muscles and integuments being alone influenced by the force of the blow; in the second case, a clear tympanitic sound is occasioned from the vibration of the walls of the intestine. In every instance, therefore, the pleximeter should be so held and pressed down, as to render it, so to speak, a part of the organ we wish to percuss.

2. Care must be taken to strike the pleximeter fairly and perpendicularly. Unless this be done, vibrations are communicated to textures in the neighborhood of the organ to be percussed, and fallacious results are the consequence. If, in percussing the lungs, for example, the blow be made obliquely, we obtain the dull sound produced by the rib, and I have seen considerable error in the diagnosis thus occasioned.

3. A strong or gentle stroke with the hammer will modify the tone and sense of resistance, inasmuch as the impulse may be communicated by one or the other to a deep-seated or a superficial organ. Thus a gentle stroke will elicit a pulmonic tympanitic sound just be-

low the fourth rib, where a thin layer of lung covers the liver, but a strong one will cause a jecoral parenchymatous sound. At the inferior margin of the liver, on the other hand, where a thin layer of the organ covers the intestines, the reverse of this takes place, a gentle stroke occasioning a dull, and a strong one a clear sound.

4. By withdrawing the hammer immediately after the blow, we are better able to judge of the sound; by allowing it to remain a moment, we can judge better of the sense of resistance.

5. The integuments should not be stretched over the parts percussed, as when the stethoscope is employed, for an unnatural degree of resistance is thus communicated to the hand of the operator from the muscular tension. In every case, especially where the abdomen is examined, the integuments and superficial muscles should be rendered as flaccid as possible.

6. It is always best to percuss on the naked skin. It is not absolutely essential, however, and in cases where, from motives of delicacy, it is desirable that the chest or abdomen be not exposed, it only becomes necessary that the covering of linen or flannel be of equal thickness throughout, and not thrown into folds.

*Special rules to be followed in percussing the chest.*—Percussion of the lungs generally bears reference to a change in density, which is only to be detected by comparing the healthy with the morbid portions. The great practical rule here to be followed, is to apply the pleximeter to both sides of the chest in succession, with the same firmness, exactly in the same situation, and let the blow with the hammer be given with the same force. Care must be taken that the position of both arms be alike, as the contraction of the pectoral muscles on one side more than on the other may induce error. In short, every circumstance must be the same before it is possible to determine, in delicate cases, either from the tone or sense of resistance, whether change of density exist in the lungs. When circumscribed alterations are discovered in the pulmonary tissue, their limits may be marked out on the surface of the skin, in the manner previously indicated. In this way, I have frequently succeeded in determining with accuracy the size and form of circumscribed indurations, arising from partial pneumonia and pulmonary apoplexy. Under the clavicles, the pleximeter must be applied with great firmness. Inferiorly, a thin layer of lung lies over the superior surface of the liver; and to determine the exact place where its inferior border ter-



minates, the blows with the hammer should be very slight. Posteriorly, also, the pleximeter must be firmly applied, and the force of the blows considerable : but they should decrease in force inferiorly, where a thin layer of lung descends over the liver much deeper than anteriorly.

In a healthy state, a distinct difference may be observed in the sonoriety of the lungs immediately after a full expiration and a full inspiration. This does not take place when the tissue becomes indurated from any cause; and thus we are furnished with a valuable diagnostic sign. Congestion of the lung, and pneumonia in its first stage, causes only slight dulness and increased resistance, which, however, are readily detected by the practised percussor. In the second and third stage of pneumonia, and in apoplexy of the lung, this dulness and resistance are well marked, and even an impression of hardness and solidity communicated to the hand. When, however, the lung is studded with tubercles, the induration is most intense, and the greatest degree of resistance communicated.

Partial induration from pneumonia, apoplexy, or tubercular deposition, may be detected by percussion, even when deep-seated and covered by healthy portions of the lungs. In this case, by pressing with the pleximeter, and striking lightly, a tympanitic sound is only heard ; but by pressing the pleximeter down firmly, and striking with force, the dull sound may be elicited and circumscribed. When induration, however, exists inferiorly in those portions of the lungs which overlap the liver, it requires great practice to detect them with certainty. Caverns in the lungs, when large and filled with air, induce a tympanitic sound ; but they are generally more or less full of viscous and fluid matters, and give rise to dullness.

Two or three ounces of fluid may be detected in the pleural cavity, by causing the patient to sit up. It is readily distinguished posteriorly, from the dullness of the liver on the right side ; on the left, however, the limit between it and the spleen is not so well marked. The height or level of the fluid is readily determined, and should be marked daily by a line made with nitrate of silver. If the effusion be only on one side, the peculiar humoral dullness is more easily detected. It disappears on placing the patient in such a position as will cause the fluid to accumulate in another part of the pleural cavity, when the space, which was previously dull, becomes clear. When the effusion entirely fills the pleural cavity, no limit of course can be

detected ; but, even then, the dullness is distinguished from that of the liver by the diminished feeling of resistance.

When air is effused into the pleura, the sound is like that of a drum, and readily detected.—*Braith. Retr. from Lond. and Edin. Monthly Jour. of Med. Sci.* Feb. 1842.

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4. *Method of Treating Fever in Frederic's Hospital at Copenhagen* ; by Prof. Baug.—The remedies which Prof. Baug uses are as follows :

1st. Pure fresh air.—He takes care that a continuous stream of fresh air shall surround the patients in their wards. Hence the windows are kept open immediately over the bed in which the patient lies on a mattress ; at any rate as long as the violence of the fever requires this cooling method.

2d. Cold water. The heads of all the patients are covered with linen steeped in cold water ; they are allowed to drink as much cold water as they like ; and when stupor, fierce delirium, and other signs of congestion towards the head, predominate, the head is held over the edge of the bed, and several pitchers of cold water are poured over it. If the skin is very hot, affusion is sometimes employed over the whole body, but more usually it is merely washed with the cold water. If a dry skin is accompanied by nervous symptoms, tepid baths are prescribed, together with cold fomentations or affusions.

3d. Refrigerating and mucous beverages alone are permitted.

4th. Emetics are given, when vertigo and a bitter taste in the mouth occur together, and when they are not contraindicated by real weakness, great stupor, or any local inflammation, particularly of the abdominal organs ; but if these symptoms are present in a slight degree only, or have been mitigated by bleeding, the Professor finds emetics advantageous, and the more so, the sooner they are given.

5th. Venesection is rarely employed, and only when important inflammatory congestions towards the nobler organs are present ; in general, leeches only are used, or, when they are not to be had, cupping. If the cold affusions do not fulfil their object, or when general plethora threatens congestion towards some other organ, then, even if the head has become tolerably clear, six or eight leeches are applied twice or thrice to the temples ; and if there are fixed pains, or

a constant disturbance of function in any thoracic or abdominal organ, from ten to twenty leeches are applied in its neighborhood.

6th. Sinipisms are always applied to the soles of the feet; and blisters are often placed on the back of the neck, the chest, the abdomen, etc.

7th. Laxatives are frequently prescribed. When the emetic has not purged at all, or but little, they are given on the following day, and repeated according to circumstances. Those usually selected are epsom salts, or rhubarb with sal ammoniac, or castor oil, or clysters.

8th. Mineral acids are used in refrigerant drinks, to subdue either noxious secretions or septic (putrid) symptoms.

Of the remaining digestive remedies, nitre and cream of tartar are prescribed, the latter either alone, or together with the former; more rarely a saturated solution of acetate of potash is given to check vomiting.

Cinchona, camphor, valerian, musk, ether, etc. are rarely required; they are indicated by septic and nervous symptoms, and then musk is the best remedy.

As to single symptoms, they are, of course, treated in various ways; against the majority, leeches and blisters are employed with advantage. Dangerous diarrhœas are treated at the commencement with ten grains of calomel, or with castor oil, first in large, then in smaller doses, to assist the evacuation of injurious matter; afterwards with clysters of infusion of chamomile; and if the diarrhœa continues, and is accompanied by pain, it is treated with leeches. Blisters and tartar emetic ointment are often indicated. Of late, especially when the fever has been a real abdominal typhus, the Professor has given acetate of lead, combined with vegetable carbon, with good effect; the dose being half a grain of the former with five of the latter, and ten grains of starch, from four to six times a day. He has found the regular astringents more useful in the form of clysters, (*e. g.* two or three grains of opium) than when given by the mouth. The mucilage of gum arabic with a few grains of sal ammoniac seems the least injurious remedy. Convalescence is best left to nature. The results of this treatment are so favorable, that out of 6140 patients whom Professor Baug treated from 1826 to 1835, (among whom were nearly 1440 cases of typhus,) only 340 died, including those who were moribunds when brought into the hospital.

—*Zeitschrift für die gesammte Medicin.*—Bull. Med. Science.



5. *On the Employment of Ergot of Rye in cases of Paraplegia*; by M. Payan, of Aix.—In consequence of a number of experiments which he performed, M. Payan arrived at the conclusion, that the ergot of rye does not simply excite contraction in the uterine fibres, but also in those of the bladder, rectum, and lower extremities, when these parts are in an asthenic state. As he was unable to account for this action on parts so different, he referred its therapeutic effects to a specific action exercised on the lower portion of the spinal marrow, and was hence induced to make use of it in cases of paraplegia of the lower extremity, where that state seemed to be induced in consequence of suspended or enfeebled action of the spinal marrow, but without structural disease.

M. Payan relates three cases of paraplegia which had resisted the ordinary means of cure, which were removed by means of the continued use of the ergot of rye. His mode of administration was to give 15 grs. of the powder of ergot every morning, and gradually increase the dose to 30 grains. Irritant liniments were at the same time rubbed along the spinal column. No deleterious effects seem to have followed the continued administration of this medicine in any case. The first was cured within a month; the second, by the eighteenth day: the period of cure of the last case is not mentioned. In some cases he has administered large doses for a month and a half; in the case of a girl of five years of age, he says he has administered from ten to twenty drachms in the course of fifteen days, without producing any inconvenience.—*Jour. de Pharm.*—Bull. Med. Sci.

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6. *Excision of the Tonsils.*—[The following case, in which a suit was commenced for mal-practice, at Utica, N. Y., is interesting chiefly on account of the testimony of several distinguished surgeons, in regard to the operation of excising the tonsils. The plaintiff was justly defeated in his object of obtaining damages. Judge White commands our respect for his clear and satisfactory explanations of the law, and for the just views he evidently entertains of the duties and responsibilities of the medical profession, and of their individual rights in their professional capacity.]

Present, Hon. F. C. White, First Judge; N. Kimball, A. Comstock, P. Jones, S. B. Roberts, Judges.

*Nathaniel S. Wright vs. John P. Batchelder.*—This was an

action brought by the plaintiff, a merchant residing at Vernon Centre, against the defendant, who is a distinguished surgeon residing at Utica, for mal-practice. The suit was originally commenced in a justice's court, where the plaintiff obtained a verdict for \$100, and the defendant brought an appeal to the Common Pleas.

A child of the plaintiff, two and a half years old, had a tumor on the nose, about the size of a pea, and the parents of the child went with it to Utica for the purpose of having it removed by the defendant. On their arrival at the defendant's office, he examined the child and found it had a difficulty of breathing, and inquiring how long it had been so affected, was informed a year or more; and he was informed that their family physician said it was asthma. He said he could cure such asthma in five minutes. He then examined the throat of the child, and showed the parents that the difficulty was enlarged tonsils, and suggested the propriety of having them removed. Plaintiff inquired if it would be safe to take the child home, being about seventeen miles, as he was obliged to return home that day. The day was a very cold one—the 1st of January, 1839. The doctor replied that it would be perfectly safe; that there was no danger in taking the child home after the operation the same day; said the operation was a simple one, and if not performed, the swelling would increase to such a degree as to cause the child's death; that there was no other way to cure the disease, but to have them taken out.

The plaintiff finally consented, and the operation was performed, and the child was taken home. The charge for the operation was \$15. It appeared that when the child arrived home it was in a free perspiration; hands, feet and face warm, and no indications of having taken any cold. A few days after the child was taken unwell, and in about two or three weeks died of inflammation in the throat.

The plaintiff contended that the death ensued in consequence of the operation performed by the defendant; that it was improper to perform the operation; that it was dangerous to expose the child by taking it home after the operation, and that had it not been for the advice and representation of the defendant, it would not have been done.

On the part of the plaintiff, fourteen physicians were sworn as to the method of treating enlarged tonsils. Most of them testified that the usual method was to employ medical treatment to reduce them,

which was generally successful ; but they also testified that excision by the knife was the only perfect cure. They also testified that there was danger of the child's taking cold from the exposure in riding home, and most of them deemed it imprudent to have done so ; but all of them testified that from the appearance of the child when it arrived at home, as proved, there was no indication of its having taken cold. Among the physicians for the plaintiff were Dr. Noyes, of Clinton, Dr. McCall, of Utica, Dr. Freeman, of Vernon, Drs. Barrows and Hastings, of Clinton, and others of equal respectability in their profession.

The defence relied upon was, that the operation was a proper one, was skillfully performed, and the direction as to taking the child home, proper ; and that from the facts in the case it was evident that the operation was entirely successful, and that the death of the child arose from other causes.

The defendant called several very eminent and distinguished surgeons.

Dr. Alden March, President of the Albany Medical College, testified that he had travelled in Europe, and had seen the operation performed by many distinguished surgeons there ; had himself performed the operation in one hundred and fifty cases ; did not give any directions as to persons being cautious about taking cold ; regards it as good practice to let a child go home several miles in a cold day. He stated that excision was decidedly preferable to any other treatment ; the remedy is easy, the operation safe ; charge, from \$10 to \$15. From the testimony given in the case, he considered the child arrived home in a comfortable condition. Dr. March testified that the reputation of Dr. Batchelder as a surgeon stood very high.

Dr. James Webster, of Rochester, Professor in the Geneva Medical College, operates frequently on tonsils ; performs the operations and gives no particular directions, and no precautions as to taking cold any more than any small operation ; usual charge for the operation, \$20. The case as performed by Dr. Batchelder was proper, and sending the child home was such practice as he advised. The operation is the only remedy for the permanent cure of the disease. From the description of the child on its arrival at home, should consider it to have been in a good condition.

Dr. Thos. Spencer, Professor in Geneva Medical College, testified that he was familiar with the disease, and had operated. That ex-



cision was the better practice ; patients usually allowed to go home after the operation. The practice of Dr. Batchelder in advising the operation, and otherwise, accords with the usual rules of the profession. Usual charge for the operation, \$20.

Dr. P. B. Havens, of Hamilton, Mad. co., testified that he had treated many cases of enlarged tonsils ; had removed by excision in thirty or forty cases ; made no difference on account of weather. The practice in this case was a proper one, and the practice of Dr. Batchelder correct.

Dr. Josiah Rathbun, Dr. Simon G. Havens, Dr. Joseph P. Newland, of Utica, and Dr. Jabez V. Cobb, of Rome, testified that they had performed the operation, and that they considered the practice of Dr. Batchelder correct, and such as was proper and suitable in the case of the child.

Proof was also given in several cases where operations had been performed by Dr. Batchelder in cold weather, and when the persons had been sent home without any inconvenience.

The defendant's counsel also read in evidence from a work published in London, by Dr. Yeardsley, a distinguished surgeon of that city, recommending highly the practice of excision of the tonsils as the only remedy that was permanent. Also from Dr. Cox, of the city of New York, a similar recommendation in a pamphlet published by him.—*Boston Med. Jour.*

[In his charge to the jury, Judge White remarked, that malpractice consisted in a man's attempting to do something he did not know how to do, which might be through negligence or unskilfulness. It was also very properly held, that a physician was not liable for a mere *mistake in judgment*. It was also remarked, that if the plaintiff was entitled to recover, it could only be the *services* of the child, and not for its suffering. A verdict was returned for the defendant.

With one exception, the opinions of the Judge, as embodied in his charge to the jury, evince an enlarged and correct view of this important subject. The exception referred to cannot now be noticed, but we may embrace some other time to offer some remarks on that subject.—ED. LAN.]

# THE WESTERN LANCET.

CINCINNATI, MARCH, 1843.

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## NATIONAL INSTITUTE.

*Medical Department.*—The officers of the Medical Department of the National Institute, have issued a circular, inviting the attention of its members, and other gentlemen who feel an interest in the advancement of Medical Science, to the Institution, and soliciting communications, donations of books, and pathological specimens. The objects of the Institute are of the most commendable character, and the members of the medical profession should be prompt in rendering *their* aid to the department with which they are identified. Facts connected with disease, health, and longevity, and especially answers to the following inquiries, are solicited.

1. What is the medical topography of your district or section of country, and have you any extensive sources of malaria?

2. What has been the effect of agriculture, the felling and clearing off the forests, the draining and cultivation of the soil, upon the climate, upon the health of the inhabitants, and upon the character of disease?

3. What manufactories are there in your district, and what is their effect upon the constitution and health of the operatives?

4. What epidemic and endemic diseases have occurred under your observation, or of which you can get a correct account from others?

5. What has been the character of the fevers of your district; what the cause; what the most successful mode of treatment; what the pathological changes found upon examination after death, and how far is there proof that they have, under any circumstances, been transmitted by contagion?

6. What change has taken place in the type of the disease within a series of years in your district, and to what is such change to be ascribed?

7. What is the average duration or probability of human life in your population; has it increased within a number of years, and in what proportion, and from what causes?

8. What is the relative degree of health and longevity of the whites and blacks, the increase and mortality of each?

9. What is the relative degree of health, longevity, and increase of the slaves and free blacks; which suffers most from the influence of our epidemic diseases; and what are the causes which produce different results in these respects upon the two classes?

10. What is the annual number of marriages, births, and deaths, to each thousand of your population: and what is the proportion of male and female children born?

11. Have you any cases of great longevity; what have been the occupation and habits of such persons, and were they natives of your district or emigrants, and from what country and place?

12. Have you any persons who live exclusively upon a milk or vegetable diet; and what is the apparent effect of such diet upon the duration of life, the health, strength, and activity of the body and mind?

13. What has been the effect of the temperance reformation upon the strength and health of your citizens?

14. The history of any interesting cases of disease which may have occurred under your observation, and especially in which the pathology was ascertained by post mortem examination, will be regarded as valuable. The discovery of new therapeutic agents, or the new application of old ones; also, meteorological observations, with whatever else illustrates the origin, progress, nature and cure of diseases?

15. Pathological specimens of morbid structure, with an accompanying history of the origin, progress, and termination of the cases, will be highly acceptable. Such specimens will bear the name of the donor, and be placed in the National Museum.

16. As one object of the Institute is the formation of a Library, the undersigned will be obliged by the presentation of a copy of your own medical works, or those of others which it may be convenient for you to bestow.

All communications should be addressed to FRANCIS J. MARKOE, Jr., Corresponding Secretary of the National Institute.

THOS. SEWALL, M.D., Ch'n. Med. Dep't.

JOHN M. THOMAS, M.D., Vice Ch'n.

MARCUS BUCK, M.D., Secretary.

HARVEY LINDSLY, M.D., } of the  
JAMES WYNNE, M.D., } Committee.

*Washington City, D. C., January 12, 1843.*



**DENTAL SURGERY.**—One of the most striking specimens of the perfection of dental surgery we recollect to have seen, was recently exhibited to us by Dr. Jesse W. Cook, of this city. The specimen consisted of a full set of teeth, of the most beautiful and durable workmanship, and which possessed an advantage, in two important particulars, over those commonly manufactured. In the first place, the absorption of the natural alveoli was compensated for by the substitution of a *gold process*, thereby obviating a very great defect usually observed in full sets of artificial teeth. In the second place, the metallic springs are prevented from irritating the soft parts, by the arrangement of semi-circular gold boxes, which serve as complete shields.

Dr. Cook is preparing for publication a French work on Dentistry, by J. Lefoulon, to which he has added notes critical and explanatory. From the high standing of Dr. C. as a scientific and skilful Dental Surgeon, we doubt not he will make important additions to the work referred to, and render it a valuable addition to his profession.

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**VERMONT ASYLUM FOR THE INSANE.**—The sixth annual report of this Institution furnishes evidence that it is in a very flourishing condition. Well provided with buildings, and all the necessary facilities for adding to the comfort of the inmates, and having the services of a skilful medical superintendant, Dr. Wm. H. Rockwell, it must be evident that the institution is of great utility to the insane, and an honor to the State.

Since the opening of the Asylum, 424 patients have been admitted, 311 have been discharged, and 113 remain in the institution. Of the whole number, 179 have recovered, equal to 42.21 per cent.

There is issued from this institution a periodical entitled, the Asylum Journal, and which purports to be conducted by the inmates. We are unable, however, to detect much insanity about it, and if that is a specimen of their productions, we think the world outside of the Asylum presents more palpable evidences of deranged minds, than do these reputed lunatics. Were the case adjudicated by a competent and disinterested tribunal, the decision would probably be in favor of those confined by this difference of opinion.

THE SELECT LIBRARY AND BULLETIN OF MEDICAL SCIENCE.—This valuable work, edited by Dr. Bell, has been rendered still more complete by publishing the *Bulletin* separate from the Library; and the former having been enlarged and improved, will be issued monthly, each number consisting of thirty-six pages. The January number of the Library contains a reprint of Pilcher's valuable treatise on the Ear. The work deserves the patronage of the profession.

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JEFFERSON MEDICAL COLLEGE.—According to the catalogue of this prosperous school, the number of pupils for the session of 1842-3 was 229. The number of graduates for the preceding session was 61. We observe a large number of M.D.'s were in attendance during the past session, which is highly creditable to themselves, evincing that they do not consider a diploma the *end* of all studies, but rather an incentive to greater efforts.

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SUMMER COURSE OF LECTURES.—By reference to an advertisement on the cover of the Lancet, it will be seen that the summer course of Lectures will commence on Monday the 3d of April next. The advantages to be derived from attending these lectures will be very great. In addition to the general course by gentlemen well qualified, the Professors in the Medical College of Ohio will give Clinical instructions, twice a week, at the Commercial Hospital. This Hospital, the most extensive in the Western country, will afford opportunities for witnessing medical and surgical practice seldom enjoyed by medical students in the interval of regular lectures. We presume many students will avail themselves of the great privileges extended to them by these lectures.

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TRANSYLVANIA UNIVERSITY.—We perceive, by the catalogue of this institution, that the number of pupils for the last session was 204; and of this number, 57 received the degree of *Doctor of Medicine*; and the *Honorary degree* was conferred on Dr. John H. Blue, Dr. Thos. W. Harris, and Dr. S. E. Leonard; making, in all, 60 graduates. The whole number of pupils who have attended that school since its organization is 4997, of whom 1351 graduated.

THE BLACK TONGUE.—A terrible epidemic bearing the name of “*black tongue*,” is reported to be prevailing in various parts of the United States. What the disease is seems to be involved in mystery. We would be obliged to some correspondent to furnish us a history of some of these cases.

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TO CORRESPONDENTS.—We have received several communications which will be attended to at an early period. We hope our contributors will furnish matter as regularly as circumstances will permit.

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PANCOAST'S WISTAR.—We have received a copy of Pancoast's new edition of Wistar's Anatomy, with colored engravings. This is a work of great value, and is got up in the very best style. It will be noticed more particularly hereafter.

For sale by Desilver and Burr, 112 Main street.

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ERRATA.—In Dr. Woodward's article, on Carbonic Exhalations, several typographical errors escaped notice until it went to press.

On page 482, for “sanguineous nervous,” read *sanguineo-nervous*. Page 484, for “the only evidences of deranged system; she conceived,” read, *the only evidences of deranged system she evinced*;—page 484, for “injeta,” read, *ingesta*; and on same page, for “excited,” read *exerted*.



THE  
WESTERN LANCET.

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VOL. I.

CINCINNATI, APRIL, 1843.

No. 12.

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ORIGINAL COMMUNICATIONS.

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ART. I.—*Cases Reported by JOHN DAVIS, M.D., Resident Physician, Commercial Hospital, Cincinnati.*

Case 1. *Contraction of the Fingers caused by a Burn.*—Joseph Flood, aged 23; admitted December 31, 1842. The three inner fingers of his left hand were fixed in a flexed position by cicatrices extending their whole length, produced two years before, by a burn. His fingers were so firmly fixed that they had not the least motion. Their positions were such, that the little and ring fingers were almost in contact with, and the middle finger about one inch from, the palm of the hand.

January 7, 1843. Professor Mussey operated, before the Medical Class, paring away the cicatrices till the fingers could be extended. In doing so, the cicatrices of the joints between the first and second phalanges of the little and ring fingers were necessarily laid open. The fingers were then extended, and fixed in that position. In four weeks the wounds were healed. He has now, (April 18,) considerable power of motion in each joint of the middle finger, and also in each joint of the others, except the second, which, in each, appears to be ankylosed.

Case 2. *General Dropsy.*—William Dillahunt, aged 64; admitted March 18, 1843. The effusion within his chest is so great,

that it is only with the utmost difficulty he is able to breathe in any position. His abdomen is very much enlarged. A distinct sense of fluctuation is received upon percussing it. His lower extremities, too, are very much increased in size. Over various parts of their surfaces are large blisters, formed from hydropic effusion, just beneath the cuticle. The disease began five weeks since. He had not had any illness previous to that time, he says, for four years.

By order of Prof. Shotwell, the attending physician, purged him freely with the following :

R Super-tart. potassæ, ʒvj.  
 Pulv. jalapæ, ʒiij. M.  
 Divide into eight parts.

March 21. Seems to breathe with somewhat less difficulty. The above powders seem to have lost, in part, their influence upon him.

R Super tart. potassæ, ʒij.  
 Pulv. jalapæ, ʒj.  
 Pulv. gambogiæ, gr. vj. M.

Divide into six parts, and give one every six hours.

23d. His dropsy has perceptibly diminished ; but he is now delirious. His medicine, even in doses double the above, does not now produce copious and thin discharges.

R Super trat. potassæ, ʒvi.  
 Sulphat. potassæ, ʒij,  
 Pulv. Scillæ, ʒj.  
 Tart. antimoni. grs. ij. M.

Divide into six parts, and give one every five hours.

30th. The last prescribed medicine has been continued, as directed, to the present. His delirium continued to the 28th, when it ceased. His dropsy is almost gone.

April 7th. His dropsy has wholly disappeared. His powders were continued to the 5th inst.

Case 3. *Jaundice*.—Patrick Gorman, aged 38 ; admitted March 27th. Has jaundice ; skin intensely yellow. Taken with it seven days since, without any previous illness. From the time when he became ill, to the present, there has been nausea and vomiting. He has occasional darting pains in the abdomen, but experiences no pain from pressure over any part of it. His bowels, he says, are rather disposed to costiveness ; and his stools of a lighter color than natural.

R Calomel,

Jalap, aa grs. x. M.

March 28th. The above operated freely. There is no perceptible change in his symptoms.

R Calomel,

Aloes, aa grs. xx.

Ipecac. grs. x. M.

Make into ten pills, and give one every two hours till the discharges are bilious.

30th. His tongue is covered with a thick brown coat; his breath is very offensive; strength much exhausted. He has vomited very frequently during the last 24 hours. His stools are bilious. Discontinued the pills.

R Spiritus mindereri.

Give a table spoonful every two hours.

April 1st. Had three or four stools during the night; not bilious; no vomiting.

R Calomel, grs. v.

Morphia, gr.  $\frac{1}{8}$ . M

Give at once, and repeat three hours after.

2d. His jaundice is some diminished, but his strength is not improving.

R Infusion of wild cherry-tree bark, j3.

Give at a dose four times per day.

10th. The above has been continued to the present. Discharged, cured.

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ART. II.—*A Case of violent and apparently hopeless Peripneumonia, cured by large doses of antimony*—By Dr. F. WILLETT, of West Carlisle, Ohio.

I was called, on the 15th ult., to visit a Mrs. D., who had been laboring under peripneumonia for nine or ten days. She had been bled, though not sufficiently, in the early stage; had been blistered and taken antimony, among other treatment, during this time; and was finally considered incurable. When I saw her, in consultation with the second physician called in attendance, I found her as fol-



lows : breathing very laborious and short, interrupted by frequent coughing, and discharge of thin frothy sputa mixed with blood, some times of a very deep tinge ; face much flushed ; slight delirium, with a comatous tendency ; skin febrile and general excitement ; pulse quite frequent, jerky, and irregular. Auscultation discovered the crepitating rale predominant over almost the entire chest, and in no part was the healthy murmur heard distinct from the crepitus ; connected with this, a faint sound of ægophony along the middle of the anterior portions of the fourth, fifth and sixth ribs. As all depletion, by the lancet, was now out of the question, and blistering had already been used freely, I proposed at once, from some experience I had had with antimony, in similar cases, to try it in the large doses. This course was immediately acceded to by the second physician in attendance ; and we commenced by giving one grain every hour, dissolved in elm mucilage. The first and second dose produced nausea and slight vomiting, after which the tolerance habit became established, and although we increased it to two and three grains per hour, neither nausea nor vomiting was again excited. During this period of its administration, it was truly gratifying to observe the progressive amendment. The bloody sputa had entirely ceased upon the third dose ; the breathing had become more slow, easy, and regular ; the cough less frequent, and the sputa assuming more of the thick, yellowish and concocted appearance, and the crepitus evidently declining, in twenty-four hours treatment ; the pulse, too, had become more regular, slow, and of more healthy volume. There had, in the mean time, been several evacuations by the bowels, with some flatulency. After continuing the antimony some little while longer, there began to appear a dry reddish streak along the middle of the tongue, having before some slight furr on its edges. We gave Dover powders, six grains, with two of calomel, every four hours, continuing the antimony, glycyrrhiza, and mucilages ; this, for a while, rendered the pulse more soft and regular, and the skin more uniformly warm and moist ; but as occasional symptoms of intestinal irritation supervened, in the course of forty-eight hours after the antimony was first given, we desisted its use, in large doses. But what had we gained in this time ? A peripneumonia, of a highly dangerous or rather hopeless grade, reduced now to a scarcely perceptible mucous rale. The ægophony showing some serous effusion from a portion of the pleura, implicated in the peripneumonia, which I can

scarce doubt—all, or nearly all, gone; the general circulation nearly uniform. We now gave her ipecac. gr. ss., with ext. glycyrrhiza, every two hours, and occasionally blue mass, which soon rendered the tongue moist and of a natural aspect; and have only to add, that a weak decoction of polygala, in a few more days, removed all remaining cough, by conducting the irritation and engorgement into healthy expectoration.

The use of antimony in large doses, though sanctioned by De-wees and other writers of the United States, has not, I am persuaded, been as much used, at least among our country practitioners, as it really merits. I am convinced from an experience of several cases in which it was used, of true peripneumonia, that it alone succeeded in arresting the disease, which otherwise would, in all probability, have ended fatally. I do not think it so signally successful in pleuritis, or even in cases complicated with inflammation of that membrane—although it did well in the case instanced—as it may do in true peripneumonia alone, unless aided by the powerfully controlling influences of opium, or Dover's powder and calomel. I have been experimenting with it in some marked cases of irritation of the brain, connected with determinations of blood to that organ; and I have found that here, too, it manifests a control that sometimes may be superior to venesection.

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ART. III.—*Cases Reported by* DR. J. W. HAMILTON, of East Liberty, Ohio.

Case 1. *Ileus*.—I send you an account of a case of *Ileus*, with the treatment and remarks, which, if it may be the means of eliciting any useful information on this dangerous and painful affliction, will amply compensate for its publication.

On the 22d of August last, I was called upon to visit A. Brauson, æt. about 45; temperament rather melancholic; residence highly malarious, being in the immediate vicinity of a mill-pond, and on the north and north-east side, which location I suppose to be more exposed to the deleterious influence of miasmata generated in marshes or stagnant waters. When I first saw him, he was laboring under

severe spasmodic paroxysms of the bowels, alternating with intervals of ease, and attended with great gastric irritability, so that nothing could be retained in the stomach. He had had, during the preceding four or five months, several similar attacks, in which I had visited him, and as soon as a free evacuation from the bowels could be procured, he received great relief. I had usually to employ pretty active cathartics of cal. jal. scam. with acet. morphia, and enemata, etc., before any action could be produced. The pulse was now full, but unusually slow, about 60 per minute, less frequent than when in health. I gave sub. mur. hydrarg. about 20 grs., with  $\frac{1}{4}$  acet. morph. and repeated once in two or three hours, as it would be ejected; applied sinipisms to the epigastrium in order to allay the emesis and soothe the irritability of the stomach; employed the pediluvium, and also large and frequent injections of a decoction of salts and senna, with spts. terebinthina, which emptied the rectum of a collection of hardened feces. The injections were repeated at intervals, and cloths wrung out of hot water applied to the abdomen. V. S. was employed copiously, and neither the blood drawn, nor other symptoms, evinced any inflammation during the first three or four days. I also administered large and frequent portions of castor oil, and also Croton tiglium, which would be retained for a number of hours before it would be ejected. The retchings were violent, and stercoraceous matter was frequently vomited. Almost all kinds of cathartics and antispasmodics were resorted to, but without effect. He at one time retained near 15 gtt. of Croton oil, with large portions of castor oil 6 or 8 $\frac{3}{4}$ , for ten or twelve hours, without vomiting, yet it produced no purgative effect. Enemata of decoctions of tobacco were also used at various times, which produced great prostration, and for a time, extreme relaxation of all the muscles. There was a constant borborygmus, yet no flatus passed downwards. A large blister was applied to the abdomen, and dressed with emollient poultices. No particular tumor could be discovered by examination through the abdominal parietes. The abdomen gradually became tympanitic, and before death, enormously distended. The patient was frequently immersed in a barrel of warm water up to his shoulders: a rectum tube was also used, and at least a gallon of warm and cold water at different times injected, but to no purpose. No evacuation from the bowels could be procured; and after continuing in this condition for near six days, he died. He was perfectly rational during



the whole period of his excruciating sufferings, and continued sane even in articulo mortis, and would long for the hour of his departure to deliver him from that distress which human aid could not effect. I, as a last resort, proposed to perform an operation; but neither he nor his friends were very willing, and as I could find but little authority from medical authors, I did not urge it.

Now, what could have been done to have relieved this man? During the first three or four days there were but few symptoms of inflammation; but very little tenderness of the abdomen on pressure, not much more than is usual in severe cases of colic; and no increased, but rather diminished action of the heart, particularly in frequency. Would not an operation have been proper, when all other judicious means failed? Is it not probable that the patient would have recovered, or at least possible, that he might have been saved, had it been performed, and the invaginated portion of the intestine withdrawn—as I am fully convinced there must have been intussusception? I suppose that the obstruction did not exist at the termination of the ileum into the cœcum, as no tumor could be discovered in that situation, and as the most severe pain was in the umbilical region. No post mortem examination could be had. The attack appeared to have been brought on by constipation, as he had had no evacuation for some days, and neglected taking physic in season.

I would remark that I had the counsel of Dr. Crew, in the above case, and the medical authority of Eberle, Mackintosh, Gregory, etc., but all of no avail.

*Case 2. Discharge of numerous Worms.*—In the Spring of 1839, I attended a child of N. W., æt. two and a half to three years, severely afflicted with worms (*lumbricoides*.) In the space of two or three months there were upwards of eleven hundred of these *lumbrici* discharged by vomiting and per anum, varying in size from three to nine inches in length. The various anthelmintics were employed, such as *cal. spigelia*, *senna*, *gambogia*, *turpentine*, etc. Extreme emaciation and great debility attended. The child appeared to be literally filled with worms, and they could be plainly discovered in knots or bunches by examination made through the abdominal parietes. There was discharged at one time, per anum, about sixty knotted in a complete ball: these I saw at the time, and counted

them ; there were no feces whatever mixed with them ; nothing but the clean worms ; and the parents informed me such knots had been frequently discharged. A great number were vomited, and in one particular day about two hundred were evacuated by vomiting and by stool. They continued to be discharged daily for two or three months, and under a tonic treatment the child gained her health, and was still living and well the last account, which was about a year afterwards. The case is a very remarkable one, from the vast quantity of worms discharged from so small a child. The stomach and whole alimentary canal appeared to be literally filled with these creatures.

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ART. IV.—*A case of Abscess of the Liver, with remarks*—by  
WM. BARKER, M.D., of Waverly, Ohio.

I admire the plan of soliciting from your subscribers the description and facts pertaining to cases of an anomalous character ; but I would like it better in case they were accompanied also with theoretical views. I am aware that many physicians dislike theories, and say, give us only facts, which may be interesting in themselves, but they cannot convey as much instruction, as when garnished with theoretical notices, exhibiting the operations of nature connected with them. For one, I am not so interested in facts divested of the causes which produced them. Indeed, to strip us of our theories, would be to reduce us to quacks and empirics at once. Many apparent discrepancies of opinion, concerning the *modus operandi* of particular medicines, would be reconciled by a knowledge of the pathology of the diseased action for which they are prescribed. The reasoning which would convert quinine into a sedative, must assume, as premises, that the disease only exists as the effect of some irritating cause which cannot well be defined ; whereas its salutary effects in cases of a bilious nature are probably that of tonic, simply by giving tone and contractile power to the relaxed vessels and exhausted nerves of the diseased structure.

The idea of irritation that does not associate the particular state or diseased condition of the organ, at the same time, must be very vague and uncertain.

An abscess in the liver would produce irritation, as occurred in a case under my care the past autumn. The patient had been afflicted with an intermittent, of the quartan type, for a year or more, at intervals. The disease yielded readily to quinine, but soon returned again, so that the patient continued pale, feeble and emaciated. He was attacked with violent pain in the left shoulder, with swelling and redness, extending from the axilla forward over the pectoral muscles of the same side, attended with more general excitement than usually characterizes bilious remittents of this country. After a few days the tumor pointed forward of the axilla, where it was lanced, from which incision large quantities of pus flowed for some days, when a fluid of the consistence of molasses, and nearly as dark, commenced flowing, and continued, accompanied with alternate streaks of pus, for near two weeks. I saw the patient once in two days only, and could not certify as to the amount of fluid discharged, but the attendants fixed it at four or five gallons, which must be exaggerated; but what I saw assures me that the truth would not receive credit. Near the last, pieces of vessels, either arteries or biliary ducts, were discharged with the matter, a half inch or more in diameter, and some of them four or five inches long; in some instances it required many hours to disengage them after their protrusion at the orifice, that the patient might not be overcome by the pain. The same livery looking fluid was discharged copiously from the bowels. The fever accompanying this case was not sympathetic, and continued, as might have been expected, but possessed every characteristic of a bilious remittent—the same dark pitchy and offensive secretions. I treated the case with purgatives, diaphoretic alteratives, and anodynes, with epispastics to the swelling, and tonics in the last stage. In about four weeks the patient was fast convalescent, and soon recovered firmer health than he had enjoyed for many years. He continued to enjoy uninterrupted good health till the winter set in, when he was again attacked with an intermittent of the same character. My services being required again, when I found the secretions much deranged, with no apparent congestion of the viscera, I again had recourse to alteratives with alternate purgatives, until the secretions assumed a natural appearance, supporting the system at the same time with quinine, opium, and ginger. Convalescence soon became apparent, when the tonics were gradually discontinued, and his health became established. This patient was twenty-one years of age, and



had enjoyed but feeble health for many years; and the presumption is that the abscess in the liver, which finally, by the astonishing efforts of nature, was discharged near the axilla, was the exciting cause. I can fancy that the abscess was situated in the posterior portion of the organ, and found its way through the peritoneum lining the cavity of the abdomen, and progressed upward between that membrane and the intercostal muscles, till it arrived near the axilla, when nature, aware of the danger of its escape into the thorax, interposed; and that the abscess in the pectoral muscles, was solely an effort of nature to prepare a passage for the escape of the matter from the abscess in the liver. The pieces of vessels undoubtedly sloughed after the more vital parts had disappeared, which operation was in strict conformity to the known laws of pathology. We know nature is capable at times of producing wonderful effects for her own preservation and relief from disease.

The diseased state of the liver had existed for some time. Ulceration had followed the protracted chronic inflammation. There was, as yet, no place of exit for the offensive and irritating mass from the system. The irritation produced a fever of the usual type in such cases. The matter had made its way near the axilla, but obstructions were before it; and here nature, it would seem, with discrimination, took the case into her own charge, and effected her own relief.

Nature is constantly making exertions for relief, by throwing the effect of visceral irritation to the surface, or extremities, and sometimes to the eyes and head.

Perhaps those cases of ophthalmic affection produced by bilious irritation, may be regarded in the same light, together with a determination of blood to the head, occasioned by an obstruction of the circulation through the viscera of the abdomen. I have known the most obstinate cases of this disease yield to the long continued use of alterative purgatives, together with cold applications to the head, and where there existed opacity of the cornea or ulceration, calomel rubbed up with lard, and applied to the cornea two or three times a day.

The opacity of the cornea seems to be regarded as incurable by the profession, or as an effect of disease irremediable; but if we consider this opacity as coagulable lymph deposited during inflammation, may we not reasonably expect, when the inflammation has sub-

sided, that the absorbents may be so excited as to remove it again? I would like to call the attention of the profession to the subject, as an important one, for there are many in our country in this situation, who are taught to believe there is no remedy.

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ART. V.—*Remarks on Intra-Uterine Respiration*—By Dr. W. H. SCOBEE, of Rossville, Ohio.

"A fifth objection, noticed by the author, is founded on the fact, that a child may occasionally breathe while yet in the womb, before any portion of it is delivered. That this occurs or may happen after the rupture of the foetal envelopes, there cannot be the slightest doubt, notwithstanding the assertion of some able physiologists to the contrary; yet, that it is very rare is equally true. Bredenoll and Bernt, two highly respectable German writers, relate cases of it as having come under their own observation; and more recently Prof. Holmes, of Montreal, in Canada, Dr. Kennedy, of Dublin, Mr. Tompkins, of England, and the editor of the London Medical Review, have published instances of this species of respiration. In answer to this objection, (against the hydrostatic test,) Dr. Beck very *properly* observes, that such cases must be extremely rare; and that, granting that they may take place, the inflation would *necessarily* be so imperfect, that the lungs would either partially or completely sink in water." [Review of Beck's *Med. Jurisprudence*; West. Jour. Med. Science, vol. iv. p. 81.]

From the above it would appear that Dr. Beck, and his reviewer, think that intra-uterine respiration cannot take place to the extent of perfection that would enable the lung to float upon water, should the child, from violence or other cause, be still born. This is an error, that, in its application, may produce injurious results. In the summer of 1834, I attended a lady in parturition with her sixth child, that not only breathed, but cried, so loud that it could be distinctly heard, and was heard, while in the uterus, by all that were in the room. I did not note the case at the time, and cannot say as to the exact time that elapsed before delivery took place after this, but I think it was not short of forty-five minutes. The head was engaged

in the pelvis, the face in the hollow of the sacrum, at the time. The child continued to cry *after* it was born—a pretty good evidence that it was vigorous.

Had this child, under peculiar circumstances, have perished, say from hemorrhage, convulsions, or any thing else, at the moment of its birth, and an examination been had, signs of extra-uterine life would have been found—that is, the hydrostatic test of Dr. Beck—and upon which a criminal prosecution could have been had.

I suppose that such cases are very rare indeed; and it cannot, it is supposed, often be a matter of legal investigation; yet I think they ought to be known to the profession, that they may be on their guard in making up their opinion in cases affecting the life, perhaps, of a fellow being.

The above is the only case that has come under my own observation, of intra-uterine respiration; yet other cases might be cited on good authority.

*Rossville, April 4, 1843.*

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## MISCELLANEOUS SELECTIONS AND INTELLIGENCE.

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1. *Case of Salaam Convulsions*, with remarks, by E. P. Bennett, M.D.—In the number of this Journal for July, 1841, p. 487, I noticed the report of a case of that peculiar form of convulsive disease called Salaam convulsion, by Dr. West, of Tunbridge, England, and in the January No. for 1843, p. 243, another slight case by Dr. Barton, of Pennsylvania. Both these writers speak of the disease as being exceedingly rare, and both consider its pathology as entirely unknown. That it is a rare form of disease will be admitted by all. Seven cases only are to be found on record in all Europe. Four of these cases occurred in the practice of Sir Charles Clark; two in the practice of Dr. Locock, and one case only came under the observation of Sir Astley Cooper. No case, so far as I can learn, has been recorded in the United States, previous to Dr. Barton's, which was a very slight one, indeed barely sufficient to show the peculiar form of the disease.



The rarity of the disease, the obscurity of its pathology, and the disastrous results which have occurred in most of the cases reported, has induced me to send you the following report, of a very severe and strongly marked case, which occurred in my own family, together with my views of its pathology, and the course of treatment which ultimately proved entirely successful in subduing the disease, and restoring the patient to sound health.

The subject of this case was my own child, a twin son six years old. He is tall and slender, with a constitution decidedly scrofulous, but had always enjoyed good health previous to his attack; was always sprightly and active, but could not endure fatigue as well as his twin brother. In December, 1841, I observed him one day, while apparently in good health, holding by the side of a door for support, and acting as though his right leg was useless; I at first supposed him playing, but soon found the leg was entirely powerless, though retaining perfectly its sensibility. I took hold of his arm and supported him, but he could not stand upon or move the leg at all; he complained of no pain, and in the course of a minute regained the use of the limb, and returned to his play with his usual activity. These turns occurred once in a week or ten days, for three or four weeks. While actively engaged in playing he would suddenly fall down, and lie from thirty seconds to a minute, without the least convulsion, and perfectly conscious; he would then jump up and away to his play as lively as ever. In January, 1842, the leg began to be convulsed; it would gradually contract until the leg and thigh became completely flexed; it then gave two or three convulsive twitches, and became perfectly paralysed, in regard to motion, for a minute or so, and then gradually regained its power, but not so suddenly as before. The attacks now also came on during sleep, and he complained of a sensation of falling out of bed. Previous to this I had done nothing for him. My first impression was that it was the result of an irritation in the first passages from worms or crudities, reflected upon the muscles of voluntary motion, through the medium of the spinal marrow, and I commenced my medication in accordance with these views. I gave calomel, pink root, spirits turpentine, etc. until I was fully satisfied that the fault was not in the stomach and bowels. By this time the affection had extended to the right arm, which was drawn up at the time in the same manner, and with the same effect, as the leg. I now turned my attention to the spinal

marrow, as the immediate seat of the disease, but after a most careful examination of the whole spinal column, I could not detect the least tenderness in any part of it; yet so fully was I satisfied that the disease consisted in a sub-inflammatory state of the meninges of the spinal marrow, or roots of the nerves, that I laid a blister over the spine, reaching from the occiput to the loins; as the blister began to irritate, the spasms were decidedly increased, which confirmed me in my views of the pathology of the case. After the first irritation of the blister had abated, the spasms abated, and in a few days he was well as usual.

After continuing well for about four weeks, he had a renewal of the disease, which now assumed a much graver form, and proceeded rapidly to complete development. He had at that time seven spasms in pretty quick succession; the spasms extended to the left leg, then to the left arm, and then to the head. The disease was now fully formed, and underwent no change until it was subdued, which was about the first of April. The leg and arm of the right side were in a tonic spasm; the left leg and arm in constant motion backward and forward as far as it could possibly go. The spasms were very violent, and lasted from one to two or three minutes. He was perfectly conscious, and would answer any question put to him, although it evidently hurt him to speak, as there was some spasm about the muscles of the throat and mouth. In consequence of the good effects of blistering in the first attack, I again returned to their use, but as the lower limbs appeared to be the first attacked, I applied them to the lower part of the spine; I repeated them again and again, but they did no good. I leached him at the base of the occiput, gave him blue pill and ext. hyoscyamus, opium, etc.; but the disease increased most fearfully, and he soon had as many as fifty convulsions in a night. He could not be left alone a moment, as it was necessary for at least two persons to stand by him, to hold his limbs, but more particularly his head. He was perfectly aware of their approach, and would speak to those with him to hold his head. The paroxysms were now productive of severe pain while they lasted, and from their frequent recurrence kept him paralysed, so that he could use his limbs but very little; he was almost entirely deprived of sleep, and was fast declining in every respect.

I now called in Dr. Comstock, an aged and respectable practitioner, who had been long engaged in practice, but he said he had

never seen a similar case. He was of opinion that the disease was in the brain, and would ultimately prove fatal. I consulted, by letter, Professor Ives, of New Haven: he wrote me he had never seen a similar case. He recommended pellitory, assafoetida, etc., which I tried without the least effect. I now tried warm bath, emplastramonium to spine, with cordials; all did no good, and I sent to New Haven for Prof. Tully. Before he arrived my son became so much worse, that I resolved to try opium in large doses, to procure if possible a little respite from his sufferings. I gave him almost two grains of opium every two hours, for ten or twelve hours. He then became quiet and slept two hours.

During this period of quietude, Dr. Tully arrived; soon after his arrival the spasms returned with as much violence as ever. Dr. Tully said he had never seen a parallel case, but he coincided with me in regard to the seat of the disease, and recommended a continuance of the opium in sufficient doses to quiet the spasms. It was accordingly continued through the night in large doses, and he slept about four hours, but the next day they resumed their former violence, and as he was evidently suffering from the effects of the narcotic, I discontinued its use. By the advice of Dr. Tully, I now gave him the twentieth part of a grain of strychnine, and I am quite sure that if I had repeated the dose it would have destroyed him. It brought on a complete tetanic state of the whole body, which was truly awful, and from which he suffered most cruelly. I immediately gave him some ipecac, which soon produced vomiting and relieved him of the tetanic symptoms, but left him very much prostrated.

Although he had been extensively and repeatedly blistered, as every thing else had failed to relieve him, I resolved once more to resort to that remedy, as a last effort, promising myself, that if it failed, I would desist, and leave the case, at least for a time, to nature; I therefore spread two blisters, each twelve inches long, and placed one on each side of the spine from the base of the skull downward. He suffered very much during the time the blisters were drawing, but as soon as the vesication was complete the spasms began to abate in violence and frequency, and in the course of a week, left him entirely, and have never returned. He regained his health rapidly, and has enjoyed good health ever since. Counter-irritation, I am satisfied, was the principal agent in subduing his



disease; and if I had, in the second attack, as in the first, applied it to the upper instead of the lower portion of the spine, I am satisfied that he would have recovered much sooner. The fact was, I blistered below the seat of the disease, and of course did no good.

*Remarks.*—This peculiar form of convulsion I believe always depends upon irritation of the spinal marrow, either direct or indirect. In the case of my son, the irritation was direct, and depended upon a sub-inflammatory condition of the meninges of the medulla or roots of the nerves. In Dr. Barton's case the irritation was indirect, and reflected from the stomach and bowels, in consequence of an irritation produced there from acrid ingesta, as the result of the treatment most conclusively proves.

The treatment of this disease, when it depends upon worms or other irritating substances in the first passages, is of course very simple. If there is reason to suspect worms, a strong decoction of pink-root, followed in an hour or two with a table-spoonful of castor oil, and a tea-spoonful of spirits turpentine, is the most certain vermifuge I have ever tried. If upon other derangements of the stomach and bowels, the appropriate remedies will suggest themselves to any judicious physician. When it depends upon a primary affection of the medulla spinalis, the treatment is more complicated and difficult; a variety of modifying circumstances will of course vary the treatment in different cases. After due attention has been paid to the state of the stomach and bowels, I consider counter-irritation of the first importance. I prefer blisters to all other modes of counter-irritation. I would also use alteratives, particularly the protoiodide of mercury combined with extract of conium or hyoscyamus, especially if there was a serofulous condition of the system. The other preparations of iodine may also be advantageously employed, as the hydriodate of potassium, or if there is much debility, iodide of iron. I do not pretend to lay down a course of treatment from observations drawn from a single case. I have only thrown out a few suggestions, thinking that they might possibly be of some use to those who may hereafter be called to treat this novel affection.—*Am. Jour. Med. Sciences.*

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2. *Osteo-Sarcoma of Lower Jaw.*—Dr. J. Mason Warren exhibited a tumor of the lower jaw bone, which he had removed a day or two before. The history of the case was as follows.

The patient was a young man, 24 years old, a seaman, and of a healthy constitution. Thirty months since, without any appreciable cause, a small hard tumor made its appearance on the lower side of the angle of the jaw of the left side. This tumor gradually increased, extending itself equally in every direction. At the time of the operation the tumor was the size of an egg, comprising that part of the jaw situated between the angle and the second incisor tooth, and extending half way up the ramus of the jaw. The operation was performed by making a semi-circular incision from over the condyloid process to the middle of the symphysis—joined by a descending incision from the lip. The flap was now dissected up, the jaw partly sawed through before and behind, and the division completed with the cutting forceps. The tumor was then dissected out, the masseter being divided at the height of the division of the bone. The inferior maxillary artery, the facial, and an artery of the flap, required ligatures. After waiting some time for the leakage of blood to cease, the lips of the wound were brought together by a number of sutures, and the patient being a little faint, was placed in a horizontal position. In the course of about fifteen minutes, a stream of blood was found to be issuing from the mouth. The wound was immediately opened, and a most serious hemorrhage commenced—the blood appearing to issue in jets from almost every part of the wound, and as fast as one artery was tied, another of considerable size required a ligature. About twenty ligatures were applied before the hemorrhage was arrested. The wound was again brought together, and the patient is now doing well.

The tumor removed was about the size of an egg, its parietes elastic, and on being cut into, were found to be about two lines in thickness. The cancellated structure of the bone was much hypertrophied, and filled with small reddish granulated bodies, presenting that semi-malignant appearance often seen before the disease has broken through its bounds and implicated the surrounding soft parts. In the present instance the adjacent structures were perfectly healthy.—*New England Quar. Jour.*

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3. *Painful Crepitation of the Tendons.*—Dr. J. Mason Warren stated that he had lately met with an affection which he had not seen described in any of the English surgical works; it has been

treated of by Velpeau under the name of "Crepitation douleureuse des tendons," and is a disease of some practical interest. The case was as follows. The patient was engaged in arranging some window curtains. While standing on the top of a flight of steps, from a sudden jerk her foot slipped, and the hand was caught in the curtain-rod, flexing very powerfully the wrist with the whole weight of the body bearing on it. At the instant she felt a slight snap on the lower and back part of the arm, near the wrist. This was followed by considerable pain and swelling, and she was supposed to have met with a fracture of the radius. Dr. W. saw her the day following. At this time the following appearances presented. On the back part of the arm, just over the head of the radius, was a small swelling, a little red and painful on pressure. By placing the finger on the prominence and flexing the hand, a distinct crepitus was perceived, which at first might be taken for the grating of bone, but on a little examination was at once perceived to be quite different, being a more dry and distinct sound, somewhat similar to the rubbing together of coarse brown paper, and compared by M. Velpeau to the sound which we hear from the rubbing together of inflamed serous membrane, the pleura for instance. The sensation is at first quite startling, and is distinctly perceived by the patient, and when once discriminated by the surgeon, is not easily to be forgotten. In the present case the greatest crepitus was heard, and the most pain caused to the patient, when the thumb was flexed.

A number of explanations have been offered as to the cause of the crepitus. The most reasonable, and undoubtedly the true one, is that of Velpeau, which is the friction of the tendon against the dry synovial sheath, its fluid being absorbed by the inflammation consequent on the injury. Somewhat a similar grating sound is often perceived by moving the patella in a certain stage of synovial inflammation of the knee joint.

The disease is most frequently found in persons whose occupation produces a great strain on the joints, such as black-smiths, stone-cutters, also in washerwomen it is caused by twisting the clothes. It occurs in the ankle as well as in the wrist joints. The disease yields to treatment in about ten or fourteen days, as in the present case; no pain or crepitation being perceptible after a fortnight.—*New En. Quar. Jour.*



4. *On the employment of large doses of Sulphate of Quinine in the Treatment of Typhoid Fever*; by M. Saint Laurent.—Trials of the virtue of this remedy have been made at the Hospital Cochin, by M. Blache, who was led to form a conclusion favorable to its employment in cases of typhoid fever. The cases, however, in which it was used were not numerous, and in some of them other remedies were given either before or in connection with the quinine. M. Broqua, of Plaisance, who first introduced this practice, coming to Paris, induced M. Husson to permit some of his patients at the Hospital Cochin to be subjected to this mode of treatment, and the results thus obtained are published by M. Laurent.

The dose of the medicine was usually ten centigrammes every hour; sometimes the dose was larger and administered less frequently; and in several instances the patients took more than ii℥ in every twenty-four hours for many days together. In thirteen cases no other remedy than the quinine was administered, but though the patients recovered, yet the results do not show any great superiority in this over other methods of treatment. In no instance were the symptoms cut short at once by the quinine, while in several cases the increased headache and thirst, and the greater dryness of the tongue which followed its use, were not only of importance in themselves, but rendered the cases more complicated, since it was not easy to tell how far those symptoms were produced by the medicine, or how far they betokened an aggravation of the disease. Of ten patients who had the disease mildly, all recovered but one, whose death M. Laurent attributes, apparently with justice, to the action of the quinine. Of three patients who were attacked by the disease in a severe form, one only recovered, and even he was for some time in a state of great danger, owing to hemorrhage from the intestines.

The cases are detailed in full, and are not by any means such as would impress one with a favorable opinion of the treatment proposed by M. Broqua. M. Laurent adds that M. Broqua is accustomed to administer the quinine in cases so slight that the patients would recover even though no treatment at all were adopted, and that if M. Husson had consented to its employment in such cases, the number of reputed cures from the sulphate of quinine would have been far greater.—*Br. & For. Med. Review.*

5. *Conversion of Nerves into fat.*—The body of a male subject, æt. 30, was brought for dissection into the anatomical school at Marburg. The whole body was dropsical, and the left leg, from the foot to above the knee-joint, firmly swollen. On the dorsum of the foot were ulcers, from which sinuses could be traced into the tarsal joint. Dissection showed the cellular tissue of the limb infiltrated with plastic lymph, which in the neighborhood of the ankle had a fatty, and higher up in the limb, a fibrous appearance. On account of the carious condition of the joint, as well as the firm nature of this deposit, which was situated between the skin and fascia, and also, beneath the latter, between the muscles, the movements of the lower part of the limb had evidently been suspended for a considerable time. The muscles were pale and flabby, but in other respects not altered in structure. The larger trunks of the nerves in the upper part of the limb were quite normal, but as they approached the affected part they became thickened, and appeared as if composed of mere fat. Portions of the saphenus, and other large branches of the ischiatic, so far as they could be separated from the degenerated mass, with which their sheaths became more and more amalgamated the lower they were traced, were dissected and examined under the microscope; when it was found that an extraordinary quantity of fat had been deposited within the sheath and between the fibres of the nerve, which increased in irregular gradations as it was traced downwards, till it constituted the whole structure of the nerve. The fat globules appeared to be arranged concentrically on the inner surface of the sheath, and by a stronger magnifying power the primitive fibres could, at the upper part, be distinctly seen running in the center of the fatty deposit. They gradually disappeared lower down, till at length no trace of them could be found, the fat globules having entirely taken the place of the primitive nervous fibres.—*Lond. Med. Gaz.*—*Am. Jour. Med. Sciences.*

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6. *Tubercular Deposits in the Bronchial Glands.*—Drs. Rilliet and Barthez, from their extensive researches into this interesting subject, find, that by compressing the vena cava superior, tubercular enlargement of the bronchial glands may be followed by—1, Œdema of the face; 2, Dilatation of the veins of the neck; 3, Livor, in a greater or less degree, of the countenance; 4, Hemorrhage into the arachnoidal cavity.

By compressing the pulmonary vessels they occasion—1, Hæmoptysis ; 2, Œdema of the lungs.

When they press upon the pneumogastric nerves, they cause—1, Alterations in the pitch and quality of the voice, and cough ; 2, Violent fits of coughing resembling those of whooping-cough ; 3, Asthmatical attacks.

The action of enlarged and tubercular bronchial glands on the lungs and bronchi is very remarkable. By compressing the air-passages, they produce—1, Sonorous *rales* of great intensity, very persistent, and of which the quality is sometimes very peculiar ; 2, They impede the access of the air, whence follow obscurity in the respiratory murmur, though this sometimes depends on the œdema of the lung, which is subsequent on the pressure upon its returning blood-vessels. Sometimes they serve as conductors of sonorous vibrations, from which the following effects ensue—1, Alterations in the character of the respiratory murmur, the lungs themselves being perfectly healthy, such as prolonged expiration, bronchial respiration, and all the sounds which in the normal state must take place in the bronchi, but which do not reach the ear ; 2, Great extension of the stethoscopic indications of any particular lesion, as from the one side of the chest to the other.

The observations, of which the above summary is given, were made upon children.—*Lond. and Edin. Med. Jour.*—*Amer. Jour. Med. Sciences.*

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7. *Proto-ioduret of Iron in Consumption.*—M. Gilbert Boissiere has drawn up the following paper, from observations he made on 27 cases under the care of M. Dupasquier, in the Hotel Dieu of Lyons. This gentleman, in 1835, was the first who employed the proto-ioduret of iron in the treatment of phthisis. Previous to this time, a salt of iodine and iron was known, but it was always prescribed in a solid form, and used only in scrofulous tumors, chlorosis, and amenorrhœa. M. D. was the first who used this preparation in the form of a solution ; the results he obtained from it were very different from those that followed the employment of the proto-ioduret in the solid form. M. Boissiere begins his paper by describing the physiological action of the remedy. The first symptoms appreciable after taking it are headache, increase of pulse, bitter taste in the



mouth, anorexia, and thirst. These are succeeded by nausea and vomiting, some irritation of the alimentary canal, general turgescence of the capillary system, cough, sometimes slight hæmoptysis, noise in the ears, and want of sleep. After having described these symptoms in a lengthened manner, he proceeds to speak of its action in consumption, and to detail its effects on each particularly symptom of the disease. It is unnecessary for us to mention each of these in succession; suffice it to say, that during the first few days of its administration, the cough becomes more frequent, and the expectoration more abundant and free, but both of these soon diminish to such a degree, that sometimes from the fourth to the fifth day of its administration, a patient, by the end of three weeks or a month, who was never free from the cough for a quarter of an hour, is not troubled with it oftener than four or five times, and occasionally not more than once or twice daily. In cases where all signs of tubercles in a crude state were found, as prolonged expiration, dullness on percussion, etc., these have entirely disappeared, and M. Boissiere thinks it right to conclude that the disease was cured. In other patients again, where caverns existed, the symptoms have been much ameliorated, and in two, both the pectoriloquy and *gargouillement*, which were very distinct before the medicine was taken, could no longer be detected, after it had been persevered in for some time. From all the observations he has made, M. Boissiere is of opinion that the physiological and therapeutic properties of proto-ioduret of iron resolve themselves into a tonic, astringent, and resolute action. As a tonic, it excites all the functions, particularly that of digestion, hæmatose, and assimilation; as an astringent, it diminishes the increased secretion of the mucous membrane, and the nocturnal sweats; and as a resolute, it stimulates the absorption of the organic products deposited in the pulmonary tissue; and he might add to these, he says, the power it possesses of favoring and hastening the cicatrization of the cavities, if this latter was not contained in the other three. It would appear, then, that this medicine is not only innocuous, but of great utility in phthisis pulmonalis, and that there is no other remedy which can bear a comparison with it. Owing to the rapid oxidation of the proto-ioduret of iron, it ought only to be prepared when it is required; if, however, it is necessary to keep it ready made, the syrup of gum is the best vehicle in which it can be preserved, as the sugar and the gum have the effect of preventing the

oxidation of the iron. It ought to be kept from the air, and at a moderate temperature. After the syrup of gum, the next best mode of administering it is a mixture containing gaseous or distilled water. When decomposition has commenced, it is recognized by the liquid assuming a greenish and then a reddish-brown color. When it is kept in the syrup of gum, this salt may remain for a fortnight or even more without decomposition occurring. Every drop of the preparation employed by M. Dumasquier contains one grain of protiodide, and the ordinary dose per day is fifteen drops, increased to 120, beyond which it ought not to be pushed. When given in this quantity, it is either continued for some time, or if any unpleasant symptoms follow, it is suspended for a week, or until they subside, and after their disappearance it is to be again begun in the dose of fifteen or twenty drops. In children or very weak people, the treatment may be commenced with ten or even five drops a day. M. Dumasquier employs at the same time the remedies commonly had recourse to in phthisis, and he recommends his patients to eat as much animal food as possible, and to keep themselves warmly clothed.—*Gaz. Med. de Paris.*—*Lond. and Edin. Med. and Surg. Journal.*

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8. *Treatment on Tinea Capitis.*—In an interesting paper by Dr. Graves, in the Dublin Journal of Medical Sciences, Nov. 1840, on “the treatment of various diseases,” he makes the following practical observations on tinea capitis :

This species of ring-worm or dry tetter, is very contagious, and sometimes makes its appearance in one or several spots on the scalp, face, or other parts of the skin, but seldom is observed on the lower extremities or abdomen. It scarcely ever remains for any great length of time fixed in any part, except the hairy scalp, where it is apt to locate itself and become permanent ; its duration often extending through a great number of years, or even a whole lifetime. I recommend attention to the following points :

1st. When the disease is of long standing, always insert an issue in the arm before you attempt its cure. I have seen water on the brain, and other fatal consequences, from neglect of this precaution.

2d. If this disease has clearly originated from contagion, and no other evidence of derangement of the general health can be detected,

we must not, from the mere presence of the cutaneous affection, infer a constitutional taint, and must avoid the common error, of making the poor children undergo a course of alterative medicines.

3d. This affection originating in contagious matter directly applied to the skin, cannot, like some varieties of lepra and psoriasis, (to which it often bears a great resemblance,) be cured by internal medicines, such as mercury, arsenic, and iodine, given separately or in combination, as in Mr. Donovan's new preparation.

4th. When it occupies the hairy scalp, the common procedure of shaving the head is injudicious, for it adds to the irritation of the skin; and the scalp can be sufficiently exposed by cutting the hair as close as possible with a sharp scissors.

5th. The great object is to get rid of the morbid action which is going on, and which consists in an inflammation of the external surface of the corium; an inflammation occurring in spots, and giving rise in the first place to an increased secretion of epidermis, which produces the scaly appearance of the parts affected; and in the second place, to a very slight and scarcely perceptible oozing of moisture which immediately dries into scales, and thus escapes notice, being mingled with the scurf formed by the detached portions of morbid epidermis.

6th. The cure must be accomplished by removing these scales as far as that can be done by diligent ablution, without using any irritating degree of friction; and when the diseased portion of the skin has been thus exposed, we must next have recourse to some application which will destroy the morbid secreting surface. Formerly this was attempted by means of an endless variety of complicated formulæ, each of which had its advocates; the list may, however, be now reduced to a few simple remedies, and in truth, with nitrate of silver, sulphate of copper, or strong tincture of iodine, every case of this disease may be cured.

7th. I never use the solid lunar caustic, or sulphate, but prefer a solution of ten, fifteen, or twenty grains to the ounce, as the case may require. As to the application of this solution, it will not do to apply it, as is generally done, with a camel's hair pencil, for it must be strongly rubbed into each spot, for which purpose a small bit of sponge, covered with fine linen, and tied to the end of a quill or slender stick, should be employed. When a large portion of the scalp is affected, it will require some perseverance to apply this lotion in an effectual manner.



8th. An application of this nature, when effectually done, must not be repeated oftener than once a week.

9th. Immediately after it the whole scalp must be covered with a spermaceti dressing, and the spermaceti must be renewed at least four times daily, so as to keep the head constantly moistened with it. The head is not to be washed for three days after the application of the caustic, or of the tincture of iodine, but then it may be well but very gently washed with yellow soap and water twice a day, taking care to cover, as before, with a spermaceti dressing after each washing.

In scaly disease of the skin, it is quite surprising how much the cure is facilitated by keeping the affected parts constantly smeared with spermaceti, oil, melted suet, or even candle-grease. Without this aid, the use of caustics will often disappoint the practitioner.

10th. When the above precautions have been taken, the cure will advance rapidly, and each succeeding application of the caustic solution, or of the tincture, may be less severe.—*Maryland Medical and Surgical Journal.*

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9. *The Treatment of Pneumonia in Guy's Hospital.*—No one mode of treatment should be adopted in pneumonia. To say that venesection, twice or thrice repeated, or antimony, or calomel and opium, should always be the remedy, would be dangerous in practice. If the disease existed always in persons of the same habits, country, and locality; was always presented in the same stage, uncomplicated (and so on,) then one treatment might be adopted with advantage; and tables, showing the cures and deaths, from one or the other mode, might be trusted as guides. But each case should be more or less studied by itself. I shall presently have to recommend moderate venesection, followed by calomel, opium, and antimony; but a young man was admitted into Guy's Hospital a few weeks ago suffering from pneumonia, passing to the second stage; no indication of tubercles could be discovered; he had no typhoid symptoms; but he was so feeble that bleeding would have killed him, or antimony would, I believe, have extinguished life. He was treated for the first twenty-four hours with ammonia; after which he was ordered, in a pill—two grains of blue-pill, two of extract of hyoseyamus, and one of ipecacuanha,—and a draught composed of ten minims of liquor

potassæ and an ounce and a half of decoction of bark, every six hours; a blister to the side, and mild nutritious diet. It is true that a few days after, when he had improved in power, he was put upon calomel and opium, and antimony; but these were withdrawn in two days. He then had merely a little saline medicine, followed by quinine; blisters to the affected side were several times repeated during the period, and he left the hospital in a few weeks, cured of his inflammatory complaint, though still weak. He will probably ultimately die of phthisis.

In the average of cases in this hospital a considerably larger proportion of those who were bled recovered, than of those who were not. But that venesection is therefore advantageous in pneumonia, abstractedly considered, could not be fairly supported, as venesection was, I believe, practised in *all cases*, excepting in those who were already too much debilitated, or too slightly affected.

The plan for many years generally adopted in Guy's Hospital, in acute pneumonia, has been to bleed the patient to approaching syncope, and to administer a pill, containing half a grain of opium, and a quarter of a grain of tartarised antimony with one or two grains of calomel, every three, four, or six hours, according to the severity of the symptoms, usually combined with a saline mixture, containing twenty or thirty minims of antimonial wine. If, in a few hours, or next day, the general symptoms have been unsubdued, or have returned, venesection has been repeated. It has sometimes been necessary to bleed again and again. Triple venesections have been uncommon, and a fourth very rare. If the general symptoms, on the contrary, have been reduced, though the local affection has continued severe, or the patient's power has been materially diminished by venesection, cupping has been ordered, to from six to twelve ounces. On a decrease of the disease, the medicines have been less frequently repeated, or stopped, even though the mercury has not affected the mouth. If the system has evidently become affected thereby, but the complaint is still active, it has usually been discontinued, or repeated only in small unfrequent doses. Blisters also have been applied with good effect in the latter stages. The utility of the latter remedies has been doubted; but I state my thorough conviction of benefit being derived therefrom, in very many instances. The foregoing treatment has been, on the whole, so efficient that no important change has been considered justifiable.

I have frequently been desirous of trying the pure antimonial, or contra-stimulant treatment; but in so important a disease I have not felt justified in discarding means which have so often effected a cure. I must, however, confess that the results of the treatment of pneumonia in Guy's Hospital—if all cases, however advanced, and however complicated, be taken into account—are not to be compared with what are stated to have been the triumphant effects of antimony. Thus Laennec says, that of 62 cases treated by antimony, only six died, two being moribund on admission, two old men of seventy, with cerebral congestion and pleurisy, and the sixth under disease of the heart. Others are reported to have lost only one in thirty and one in forty cases. However, my observation is entirely opposed to Laennec, when he states that he has never known the disease renewed when antimony had effected amelioration. In the Infirmary of Edinburg, while I was a pupil there, a patient, after two venesections, leeches, and continued antimony, was considered almost convalescent. The antimonial solution was however continued. But when the disease had for four days appeared to be rapidly decreasing, the attack was renewed; and it was necessary again to bleed him to ten ounces, after which he rapidly recovered. The same has certainly happened in several cases that have fallen under my notice. In some instances, also, when antimony has been at first employed with benefit, but relapses have taken place, it has appeared necessary for the cure to administer calomel and opium in combination with it. Nevertheless, I believe antimony to be especially useful in persons who cannot bear the abstraction of blood, and those in which mercury is contra-indicated. In such cases, as in the pneumonia and bronchitis of children after measles, I have occasionally administered it, and with manifest advantage. The patients have, it is true, died from another complaint; but that complaint has been, I have thought, produced by the remedy employed for the pneumonia.

The great authority last quoted considers antimony to be equally efficacious “in any stage of the disease, even after a great portion of the lung has undergone purulent infiltration;” and supposes that it may act by “increasing the activity of interstitial absorption.” But the well known action of mercury in promoting the absorption of effused matter, clearly points it out as the medicine especially indicated when there is inflammatory deposit.

From the whole circumstances, I believe that antimony is a very



active remedy in pneumonia, more particularly indicated in slight and recent cases, those complicated with bronchitis, and those in which venesection cannot be borne or repeated, and mercury cannot be safely employed; that the cases are often more rapidly relieved by it than by any other means, but that they are also more than ordinarily liable to relapses; and that when consolidation has obviously occurred, it should not be trusted alone, but should always be given with mercury.—*Dr. Hughes, Guy's Hosp. Rept.—Lancet.*

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10. *Seat of Blennorrhagia in Females.*—A report of the Academy of Medicine having erroneously ascribed to Dr. Gilbert an opinion, that in the gonorrhœa of women, vaginal discharge *commonly* co-exists with the urethral. He has published the following extract from his Memoir to the Academy, to show his opinion to the contrary, and that the vaginal discharge or secretion from the vagina itself is more commonly absent; also that the discharge lining the vagina, will be found frequently to arise from the neck of the uterus. In females, says the author, the seat of election of blennorrhagia is the meatus urinarius, as in the man; but in all cases where I have used the speculum, I have seen a uterine discharge accompanying that of the urethra, and continuing after the latter is cured, so that the neck of the uterus may be considered the principal source of the blennorrhagic flux in women. Nevertheless, some modern writers have designated the female clap by the term vaginitis, or inflamed vagina; but in the immense majority of cases, the vagina does not secrete the discharge, and if it be sometimes red, this appearance is transient, and yields rapidly to repose and cleanliness. It is only in a few rare cases that we meet with a milky or purulent discharge, really furnished by the vagina; on the contrary, in every woman who has contracted a clap, there exists, during the two or three weeks, a characteristic suppuration, together with a discharge, originating in the neck of the uterus, which, last, by its continuance after the cessation of the urethral symptoms, may be confounded with leucorrhœa.—*Medical Times.*—*Maryland Med. and Surg. Journal.*

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11. *Poisoning by Verdigris.*—A case of this kind is related by M. Degrange, of Bordeaux, presenting marked peculiarities. A workman, with apparently no particular cause for suicide, complain-

ed on the 8th of August last, of much suffering, though without particularising its seat; and in the evening of the same day he was affected with vomiting and loss of appetite. Towards 11 o'clock he was found in his own house lying insensible on the ground, and removed to an hospital. Here he remained in a comatose state; his face pale, respiration hurried, extremities covered with a cold sweat, deglutition difficult, abdomen not painful on pressure, and a total absence of either vomiting or purgings, till his death at four o'clock. The body after death presented externally little remarkable, except obvious and extensive congestion over all the head. It had been ascertained that he must have taken verdigris; and several masses of this substance, in a roughly pounded form, were met in the œsophagus, the mucous membrane of which presented inflammatory arborisations, with softening at intervals. In the stomach, where the poisonous substance was again met with, the mucous coat assumed a general green color, and arborised engorgments of the small arteries were frequent in the great curvature, the mucous membrane of which was ulcerated in seven or eight places. Arterial arborisations, softening, ecchymoses, and a green tint similar to that in the stomach, extended through the intestinal canal in its whole length, and large collections of fæces filled the colon and rectum. Chemical analysis determined the presence of verdigris in these fæces (and it is said of copper in the contents of the urinary bladder,) but none was discovered in the blood. The paucity of the vomitings and total absence of the purgings which usually supervene so violently after taking this poison, were the most remarkable features in the case detailed, and are supposed by M. Degrange to have been due to the great abundance of the poison swallowed. We know that the effects of turpentine, calomel, and several other medicines, when they are taken to a large extent, are widely different from those which follow their administration in small quantities; and it would appear probable in the above instance that instead of the violent efforts occurring that are usually made by the stomach to eject verdigris when taken in small quantity, the poison was suffered silently to erode the mucous membrane, and gradually to produce the apoplectic phenomena which destroyed life.—*Gaz. Med.*—Maryland Med. and Surg. Jour.

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12. *Puerperal Metro-Peritonitis, &c.*, by A. F. Chomel.—At No. 3 of the Salle Saint-Bernard, (commenced Dr. Chomel,) is a

woman who is attacked with puerperal metritis. The disease first appeared at the Maternity Hospital, where the woman was delivered. She tells us that, having suffered a good deal of distress from her position in life, her pregnancy was accompanied from the commencement by a malaise, nearly constant; and that when it had reached the seventh month, she suffered so much that she determined on entering the Maternity, where she was soon afterwards delivered. The labor, it appears, was natural, but afterwards there was a very abundant flow of blood, and subsequently severe pain in the hypogastrium.

On the third day after delivery she had a chill, the breasts swelled, and the abdomen became painful. Leeches were applied to the abdomen, which diminished somewhat the intensity of the pain; she had, however, general malaise until the seventh day, when she left the hospital and went home in a carriage, which seems to have shaken her a good deal. On reaching her house she was taken with a chill, and with pains in the limbs and lower part of the abdomen. She then determined on entering the Hotel Dieu, where we found her condition as follows:

At first sight of this patient, there was an air of suffering and oppression. The belly was voluminous and meteoric; touching it gently produced pain, especially when you pressed on the hypogastric region. For two days previously she had had repeated bilious vomiting, with small alvine evacuations. On examining her per vaginam, we found the os tincæ soft, and a little sensible; but on introducing the end of the finger into the neck of the uterus, and endeavoring to displace that organ, there was anormal immobility, which seemed due to adhesions, which the fundus has contracted with the adjacent organs. On pressing with the hand on the hypogastric region, whilst the finger of the other hand was in the neck of the uterus, some obscure motions were determined, and we found that the fundus was several inches above the level of the pubis. The finger, on being withdrawn from the vulva, was bathed by a whitish sticky liquid, somewhat fetid.

This collection of symptoms did not permit us to doubt, for a moment, the existence of a metro-peritonitis, in which the peritoneum was secondarily affected, which most frequently happens; the peritoneum ordinarily inflames after the uterus.

As general symptoms, we had great dryness of the tongue and



mouth, with thirst. The skin was hot, the pulse one hundred and forty, and the features very much changed.

This affection differs materially from that which we call post-*puerperal metro-peritonitis*; it is, as a general rule, a much more severe disease. In our patient, happily, it appeared several days after her delivery; the initial chill occurred on the third day. Now, the more remote the period of the chill is from the day of delivery, the less severe is the disease which supervenes. The post-*puerperal metro-peritonitis* is, in this respect, like those *phlegmasiæ* which are produced by exterior causes, and which are always less grave than those which succeed to some general spontaneous cause; whilst *puerperal metritis* is consecutive to some profound general alteration of the system, having for a principal phenomena one or more chills, and is always a very grave disease. There is always fear of an inflammation, either of the veins, or of the lymphatics; and in either case the disease is serious. We have the more to fear a disease of this nature in our patient, from the fact that an epidemic of this kind is at present reigning at the Maternity, where she was taken sick. Hence our prognosis yesterday was unfavorable, although there were some encouraging symptoms.

To-day her condition has not improved. Her pulse is very frequent, (one hundred and sixty,) and very small. Her features are very much drawn, and her face has an earthy tint, which is always a bad omen. The discharges from the vulva are becoming intolerably fetid. They have the odor characteristic of metritis, where great alteration in the organ has occurred. On examining her this morning, I discovered on the anterior face of the vagina a tumor, with distinct fluctuation, which at first led to the suspicion of a purulent collection; but on introducing a catheter into the bladder, a large quantity of urine escaped; and on re-examining her, the tumor had disappeared. There was here, therefore, a state of atony of the bladder, inducing retention of urine. It is, besides, a common symptom in women recently delivered; and you should, therefore, always attend to the state of the bladder.

In the course of yesterday she complained of pain in the right side of the chest. On percussion it was found flat; on auscultating her we discovered the respiration obscure below, and superiorly a bellows sound, with bronchial respiration. Here, then, we have a pleuritic effusion, complicating *metro-peritonitis*. It might happen that the liver, swollen, and pressed upwards, causes the dulness at

the inferior portion of the right side. But at the superior portion of the lung respiration is obscure, and otherwise slightly anormal. We must, therefore, admit absolutely a lesion, not only of the pleura, but of the parenchyma of the lung itself. These symptoms, of course, render the prognosis more grave.

A large blister has been applied over the whole anterior surface of the right side of the chest, in the hope of making a favorable revulsion, both for the disease of the abdomen as well as that of the chest. At the same time we prescribed emollient injections, with the addition of the chloride of lime, into the vagina, with the view of correcting, as much as possible, the fetid nature of the discharges. Mercurial frictions on the abdomen, and purgative enemata, constitute the remainder of the treatment.

[Three days subsequently the patient succumbed. At the autopsy, there was found in the uterus a portion of placenta, with several coagula, surrounded by a sanious fluid, extremely fetid. The size and consistence of the uterus were nearly natural; its walls were in the condition we usually find them in on the eleventh or twelfth day after delivery. The uterine veins contained neither pus nor blood. In the broad ligament only there was a cavity of the size of an almond, filled with purulent matter. The peritoneum was covered with false membranes. In the peritoneal cavity there was nearly a pint of pus. There were false membranes in the pleura, especially about the summit of the lung, as well as upon the convex surface of the liver.]—*Med. Examiner.*

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13. *Report of the Results of Inoculation in Measles*, by Dr. M. Von Katona, of Borsoder, Hungary.—In a very malignant and wide-spread epidemic of measles in the winter of 1841, the author inoculated 1122 persons with a drop of fluid from a vesicle, or with a drop of the tears of a patient with measles. The operation was performed in the same manner as the inoculation for smallpox. It failed in 7 per cent. of those on whom it was tried, but in all the rest it produced the disease in a very mild form, and not one of them died. At first a red areola formed round the puncture, but this soon disappeared: on the seventh day fever set in, with the usual prodromi of measles; on the ninth or tenth the eruption appeared; on the fourteenth desquamation commenced, with decrease of the fever and of the eruption; and by the seventeenth the patients were almost always perfectly well again.—*Brit. and For. Med. Rev.*

14. *Quackery*.—It is a singular thing in history, that neither thought nor study, nor apprenticeship, nor preparation of any sort, is necessary to accomplish the perfect quack. He springs out at once from obscurity and ignorance; completely consummate. Like Pallas, when she jumped all armed from the brains of Jove, so is the quack. He is cased all over in native brass, from top to toe, armed in scale, like the serpent, and like him, he is not wanting in fangs. Other pursuits require patience, time, reading, and long practice, before the profession is allowed to act. The lawyer studies five years, the surgeon, the physician, the apothecary, the painter, and the sculptor, as many: the shoemaker, the carpenter, the joiner, each has his long period of probation. But the quack has none! He is utterly ignorant of simples. The natures of the commonest herbs are unknown to him. He is ignorant of the alphabet of medicine. yet he thrives; he runs laughing through, and at, the world.

A celebrated quack was once visited by an old acquaintance from the country—they had been parish boys together, had tossed dumps into a hole together, and had cheated each other at marbles—"I'm glad to see thee'st got on so vinely, Zam," said the rustic; "but how is't, man? Thee know'st thee never had no more brains nor a pumpkin." He was proceeding in this agreeable manner, when the quack took him to the window, and bade him count the passers-by. After the lapse of a minute or two, he inquired how many had passed: the tiller of the land answered, "nointy, or mayhap a hundred." "And how many wise men do you suppose were amongst this hundred?" said the other. "Mayhap *one*." "Well," returned the quack, "all the rest are mine."

This story is, perhaps, somewhat musty, but it is a good story nevertheless, and comprehends a moral. When we declaim against the iniquity of quacks, we should at the same time laugh to death the folly of those who seek them. *They* are the cause of quackery. They are as much answerable for the spreading of the vice, as the mother is, who feeds her favorite fool with stolen sweets, and wails over his misdeeds at the gallows. If the gaping blockhead and vaporing coxcomb did not loiter and swagger about the streets of London, with pockets crying to be picked, the picker would turn his hand to an useful trade. He would never require either the pump or the tread-mill. The followers of quacks are the cause of quackery. They are the cause of all the atrocious homicides that have ever been



committed. One simpleton bears testimony to Mr. Quackall's virtues, another to his manners; a third attests his wonderful cures. Nothing was ever so sudden, so certain, or so marvellous! His 'vonderful vonders,' as Matthews justly called them, are the theme of the tea-table, and the gossip of the nursery.

The witnesses are not to be withstood. One blows his penny-trumpet, another winds his horn, a third cackles, a fourth brays, and the end is—what?—why, that another victim is added to the list, and the fame of the brute-deity extended! The proselytes of an idiot of this sort are its basest flatterers; but it must be owned, they are also efficient friends. They stick at nothing for his sake. Having themselves taken his merits upon trust, they insist upon propagating them after the same fashion. They assure their friends that "the universal antimorboous drops" have cured twenty thousand people in one year, all of them given over by regular physicians. They are sceptics of the faculty; but idolators of any empiric. They would faint with shame, were they forced to walk from Temple-Bar to Tyburn, with fools' caps on their heads; yet they swallow the most monstrous absurdities, without fear or shame. They are the jest of their companions, and the contempt of all the world besides; but for the sake of some brazen apostle, they submit and humble themselves to the dust. "Aye, tread on me! spit on me! despise me!" are the words of the illustrious mawworm; "I likes it!" and so say they. They likes it! Nevertheless, such likings or dislikings is not the only thing to be heeded. It is no answer to the motherless child, who asks, Where is my mother? to say, We delivered her over to old Martin Van Butchell! We considered that he, having painted his pony, was fully qualified to docter her; but, poor woman, she died somehow under his infallible method!

An empiric says, to a person with a complaint in the organ of hearing, Sir, you must apply blisters; I know from experience, they will remove affections of the ears." If a second consults him, the same remedy is proposed; the same to a third, a fourth, and—for in fact he possesses but one remedy for all the varieties of the disease of this organ, though arising from the most opposite causes; in one, perhaps, from some mechanical obstruction, as from hardened wax, and plugging up of the meatus; in another, from an inflammation of the membrane lining the ears; and in a fourth, from some affection of the portio mollis, or branch of the auditory nerve, that is spread over the windings of the cochlea.—*Physic and Physicians.*

# THE WESTERN LANCET.

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## LIEBIG'S THEORY OF DISEASE.

The *cause* of disease has ever been a fruitful source of speculation among medical philosophers. With the hope of being conducted to a rational and successful mode of treatment, ultimate causes have been sought for with the greatest avidity; and although the keenest scrutiny, and deepest philosophy, have alike failed to comprehend the essence of disease, yet these investigations have not been without their utility, as many important practical truths have been developed during the researches into elementary doctrines.

The theory of Professor Liebig, although highly speculative, is nevertheless ingenious and interesting. He assumes that disease is manifested in a disturbance of the proportion between *waste* and *supply* in the animal system. In the nutritive action of the system the various organs are supplied with an amount of elementary materials, equivalent to the wants of each, and which is regulated by the laws of vitality; but as a counter-action, for the purpose of preserving a due proportion in the organs, vital decomposition is constantly taking place; that is, the old particles are detached and conveyed out of the system, while new ones are deposited in their place. The first part, or augmentation in volume, is accomplished by direct nutrition; the second, or decomposition, by the action of oxygen on the tissues of the parts with which that element comes in contact. The phenomena of motion in the animal system, are considered as depending on this peculiar or characteristic change in matter.

In the application of these principles to explain diseased actions, Dr. Liebig supposes, that if a greater amount of *force* is generated in the system than is required for the production of the *normal* mo-

tions, all the involuntary motions become accelerated, and the diseased part is elevated in temperature. This is *fever*. When fever is once established by this aberration of capillary action, an increased quantity of arterial blood, and consequently of oxygen, flows to the diseased part, as well as to all others; and therefore, the diseased action is augmented at the rate of a multiple force, the whole effect of the excess of oxygen being directed to the diseased part.

In the cure of disease the same principles are observed. Thus, if blisters, sinipisms, or setons are resorted to, they act as remedial agents by establishing an artificial disease, or diminishing in the part to which they are applied the *vital resistance*; and as a result of this process, the artificial disease subverts that which was the result of natural agents. Bleeding acts remedially by diminishing the globules of blood, and thereby decreasing in the same ratio the amount of oxygen distributed to the diseased tissues. The application of cold produces salutary effects upon the same principle. It is also believed by Dr. Liebig, that death, in chronic diseases, results from the decomposing power of oxygen acting on the organs of the animal system.

The theory of Liebig, which might with great propriety be termed the *organic*, as it alone recognizes organic changes, is exceedingly imperfect and unsatisfactory. In examining the influences of morbid actions, the pathologist is limited to the *effects*, rather than the causes themselves; for, however minute and accurate may be the physiological and pathological knowledge, and however closely the elementary operations of the living organism may be scrutinized, still the essence of life and disease must forever remain hidden secrets, excepting their reflections in effects. But, notwithstanding the limit bounding pathological inquiries, the effects may be traced much nearer the radical than is exhibited in Liebig's theory. To tell us that disease consists in a disturbance between the vital actions of waste and supply, imparts no positive information, and if believed would arrest farther investigation. The question would inevitably arise, What is the *cause* of the disproportion between *waste* and *supply*? Here we are not impeded by incomprehensible elementary subtleties, but the answer is clearly and manifestly a deduction from known laws of life and disease, and by which we are able to refer the whole to perverted capillary and nervous action. Thus, instead of stopping at the threshold, as in the case with Liebig's theory,



we are conducted into the inner chambers, and behold that which would otherwise confuse the understanding. Capillary action, as seen in the various secretions, formations and transformations, waste and supply, diseased actions, such as inflammation, the various morbid products, analogous and heterologous, are influenced by the condition of the nervous distributions, especially those of organic life. This complication of action, commencing in the nervous and capillary systems, responding to various morbid impressions, and bringing in their train the innumerable commingling of morbid actions, making up the sum total of human maladies, is but meagerly expressed by the terms waste and supply.

Pathologists recognise *functional* derangements. True, by the force of abstract speculation, we may be brought to *conceive* that every aberration from the normal standard is the result of organic changes; and although no sensible change in structure may exist, yet the molecular action of the part has submitted to a new arrangement or modification, which is essentially an organic affection. In the neuroses, for example, although the form, color, and dimensions have been strictly preserved, yet it has been argued that a new molecular arrangement really existed, constituting organic disease.

But admitting the plausibility of these suppositions, it would be unwise to recognize them as true; it would be extremely unphilosophical to admit positions as established which must forever remain insusceptible of proof, while facts and philosophy combine to enforce the opposite. The vital powers of the body may be partially perverted by a modification of the nervous system, by capillary circulation or secretion, by congestion constituting violent forms of functional derangement, and yet the integrity of the composition of organs be perfectly maintained. Neuralgia does not furnish conclusive evidence on this subject.

In relation to the action of oxygen on the tissues, the theory of Professor Liebig is entirely too chemical to admit of belief. The decomposition of the organs, or their transformation, must be referred to vital laws, not appreciable by chemical reagents. That oxygen is an important agent in the vital actions, cannot be denied, and that it may be regarded as the principal source of animal heat, is not improbable; to assign to it, however, the controlling influence recognized in Liebig's theory, is an unwarrantable and unproven assumption.

Upon the whole, this chemico-vital theory put forth by Professor Liebig, presents a partial and unsatisfactory explanation of the theory of disease, which does injustice to well established principles in physiology and pathology.

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**TRANSFUSION OF THE BLOOD OF A GOAT INTO THE VEINS OF A MAN.**—A case is reported by Dr. Blieding, in which a man, thirty-eight years of age, was so greatly reduced by hemoptysis, that there seemed to be no means of saving his life, but by supplying blood by transfusion. On the fifth day of the disease, a canula was introduced into the median vein of the left arm, and about five ounces of the blood of a goat were injected into the patients vein. He complained of a little oppression, but no other inconvenience occurred, except a slight phlebitis, which was relieved by cold applications. The patient gradually and perfectly recovered.

There was probably an error in attributing the cure of this patient to the injection of blood. In the first place, if the lesion still existed, a simple reaction of the system would not have been adequate to accomplish a cure, but would rather have increased the hemorrhage. In the second place, the small amount of blood thrown into the circulation was altogether disproportioned to the salutary results which followed. The results should rather be attributed to a favorable change in the disease before the transfusion was resorted to.

We are not permitted to doubt, however, that blood and other fluids may, with safety, be thrown into the circulation; and, although they can very rarely prove beneficial, yet, under some circumstances, there will be great propriety in adopting this measure. In one instance, a case of cholera, we resorted to injection into the veins. The patient, an aged lady, was in the last stage, pulsation at the wrist having ceased some hours before. A canula was inserted into the median vein, and the saline solution recommended by Dr. Stevens, was *very gradually* thrown into the veinous system. A new train of symptoms immediately commenced. The pulse returned to the wrist; the countenance partially lost its contracted aspect; the voice returned, and the strength was considerably increased. These symptoms, however, lasted but a few hours, when the patient again sunk and died.

In cholera, when the serous portion of the blood has measurably

escaped, and in exhausting hemorrhage, injections may prove salutary. Great precaution, however, is necessary; the fluid should be thrown in gradually, so as to imitate as nearly as possible the physiological actions of the system. The failure of this experiment has doubtless depended more frequently on a want of attention to this circumstance, than on an absolute inappropriateness of the remedy.

---

NEW METHOD OF ADMINISTERING QUININE; by Dr. Gaustamacchia.—The object of Dr. G. was to devise some method by which the disgust, caused by the extreme bitterness of quinine, might be avoided. For this purpose he advises that eight grains of the sulphate be dissolved in half an ounce of rectified spirit, which is to be applied to the spine, in two doses, with an interval of fifteen minutes between them. In intermittent fever the application should be made at the beginning of the cold stage; and, it is affirmed, it often prevents a recurrence of the disease. That Dr. Gaustamacchia was successful in his object, viz., avoiding the bitter taste, cannot very successfully be controverted; but we are of opinion, that the medicine must be put farther in before it will arrest some of our forms of intermittents, especially those of the South.

---

MEDICAL COLLEGE OF OHIO.—By the catalogue of this institution we perceive that the number of pupils in attendance the last session was 126, of whom twenty-one received the degree of *Doctor of Medicine*. The chair of Physical Diagnosis and Pathological Anatomy has become vacant by the resignation of Prof. Worcester. We regret that the ill health of Prof. W. rendered him unable to discharge the duties of his chair. The chair has not been abolished, but for the present remains vacant.

We understand that a considerable addition of new standard works will be made to the Library prior to the next Session.

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CLOSE OF VOLUME FIRST.—The present number closes the first volume of the Western Lancet, and upon a retrospect of the past year we find much that might have been accomplished in a more satisfactory manner; but the many embarrassing circumstances connected with a new publication, will, perhaps, be a sufficient apology for any defi-



ciencies that have occurred. To those friends, who have so kindly aided us by patronage and contributions, we would tender our most sincere acknowledgments, not that these acts were unmerited, (for we hold that the noble cause in which we are engaged has direct and positive claims, unconnected with the individual by whom they are presented,) but that they have exhibited a proper sense of the obligations resting on them as a part of the great aggregate of the medical profession; and should their course be imitated by others, not only in reference to this, but all other medical Journals, our science would be greatly accelerated in its onward course.

We hope by assiduous attention to editorial duties, to enhance in a very material manner the value of the *Lancet* for the coming year. The increased facilities at our command for communicating that which may be new and useful, are not inconsiderable.

We have assurances that regular reports will be made by the attending physicians and surgeons of the Commercial Hospital, of such cases as possess interest. This is a most valuable variety of Journal matter, and cannot fail to become interesting and instructive.

Our subscription list is regularly increasing, and cheered on by those who have extended to us their approbation, we intend to persevere in the enterprise. We trust those who desire to see us sustained will use some exertion to extend the circulation of the *Lancet*.

The second volume commences on the first of May, and each number will appear regularly the first of each succeeding month.

---

NEW YORK LANCET.—This periodical, which was ushered into the world with a great flourish of trumpets, has terminated its existence with the close of the first volume. Although a correct diagnosis of the derangement leading to this premature death is not now important so far as regards that work, yet a correct understanding of the case may be beneficial to the living. The symptoms, and post mortem appearances indicate a morbid condition produced by violent partisan excitement. This is to be regretted, and we trust, will be avoided by others engaged in a similar enterprise.

We are gratified to learn that Dr. Forry is about commencing a Medical Journal in New York, which we doubt not will be managed with prudence, and ultimately succeed.

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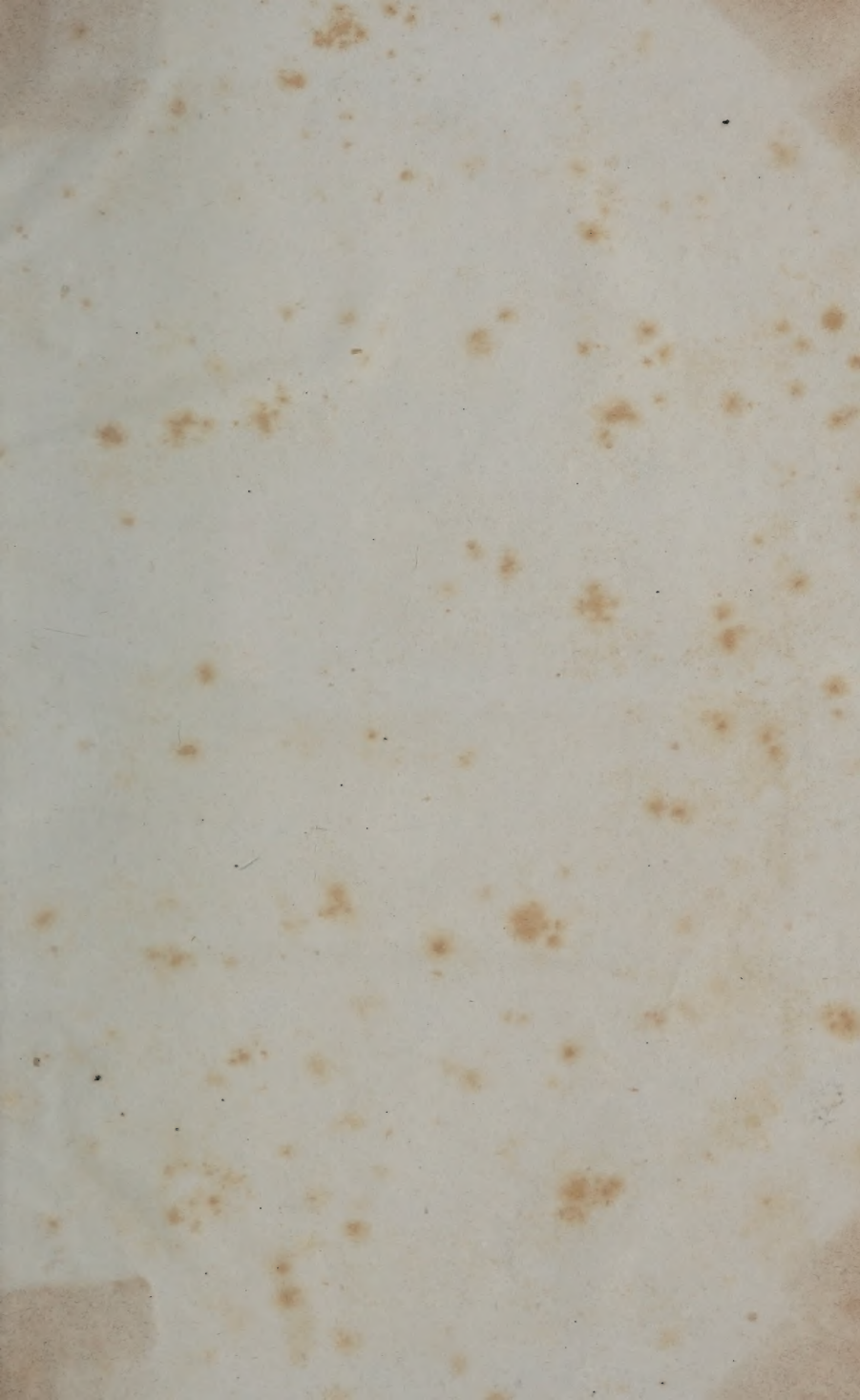
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